

ECEIVED DEC 2 8 2005 City of Santa Fe Springs Fire Department

Fire Protection Division - Environmental Protection Division 11300 Greenstone Avenue, Santa Fe Springs, CA 90670-4619 (562) 944-9713 FAX (562) 941-1817 fire@santafesprings.org

INVOICE

STEVEN LABEL CORP PO BOX 3688 SANTA FE SPRINGS CA 90670 Amount Paid: # 1459 Check No.: 9359 Date: 12-20-05 Comments:

Period Covered:

07/01/2005-06/30/2006

Permit No.

500281

Today's Date:

12/05/2005 Payment Due Date: 01/05/2006

A PENALTY WILL BE ASSESSED FOR TOTAL FEES NOT RECEIVED BY THE DUE DATE ABOVE

ENTERED

For Facility Located at:

11926 BURKE

SANTA FE SPRINGS, CA 90670

CUPA PROGRAM ELEMENTS	-	
Hazardous Materials Fee		\$230.00
Hazardous Materials Volume Fee		\$0.00
Hazardous Waste Generator Fee		\$865.00
Tier Permit Fee		\$0.00
Underground Storage Tank Fee		\$0.00
CalARP Fee		\$0.00
Aboveground Storage Tanks		\$0.00
STATE SERVICE FEES		
Underground Storage Tank Service Fee	☐ (Exempt)	\$0.00
CalARP Service Fee	☐ (Exempt)	\$0.00
Program Oversight Fee	(Exempt)	\$24.00
OTHER		
Industrial Waste Permit Fee		\$285.00
Rain Diversion Fee		\$0.00
Fire Permit Fee		\$0.00
Stormwater Fee		\$55.00

This fee is due and payable upon receipt. Please indicate the permit number 600281 on your check. Make check payable to 'CITY OF SANTA FE SPRINGS' and remit to:

Above Total:

\$1,459.00

Late Fee:

\$0.00

City of Santa Fe Springs Fire Department 11300 Greenstone Avenue Santa Fe Springs, CA 90670

Amount Paid:

\$0.00

TOTAL AMOUNT DUE:

\$1,459.00



City of Santa Fe Springs

Fire Department

11300 Greenstone Ave. • CA • 90670-4619 • (562) 944-9713 • Fax (562) 941-1817 • www.santafesprings.org

2005/2006 Annual Unified Program Certification CHECK THE APPROPRIATE BOXES AND SIGN THE FORM BELOW

Dear Business Owner:

In addition to other notification and update requirements, Chapter 6.95 of the California Health and Safety Code requires your Hazardous Materials Business Plan (HMBP) to be reviewed and updated annually. If you have marked the box that indicates no changes have been made, this form will serve as your 2004/2005 official update (Tytol 19, Section 2729 requirements allow a certification statement to be used if no changes have been made to the business' hazardous materials inventory [HMBP]).

	☐ CHANGES HAVE BEEN MADE: DU MUST SUBMIT UPDATED FORMS WITH THIS CERTIFICATION STATEMENT. IF YOU NEED FORMS, PLEASE INTACT THIS OFFICE AT (562) 944-9713 OR E-MAIL barbarachapman@santafesprings.org
	Emergency Contacts – These are the two main contacts and their emergency phone numbers that the Fire Department will use in the event of an emergency.
	Chemical Inventory - The types and/or quantities of chemicals, hazardous liquids, solids, compressed gases, or waste have been changed.
	Facility Plot Plan – This is the diagram of your facility, which indicates the storage and use location of all the hazardous materials listed in the inventory.

NO CHANGES HAVE BEEN MADE

OUR BUSINESS HAS PREVIOUSLY FILED THE HAZARDOUS MATERIALS INVENTORY PURSUANT TO SECTION 2729.2 AND 2729.3 REQUIREMENTS AND NO CHANGES HAVE BEEN MADE (all items must be correct):

- The information contained in the hazardous materials inventory most recently submitted to the CUPA is complete, accurate, and up to date.
- 2) There has been no change in the quantity of hazardous material as reported in the most recently submitted inventory.
- No hazardous materials subject to inventory requirements are being handled are not listed on the most recently submitted inventory.

I certify under penalty of law that our business has reviewed the current hazardous materials inventory on file with the Santa Fe Springs Fire Department and certify the submitted information is true, accurate and complete. We have also reviewed our Business Emergency Plan and certify that is is up to date and accurate.

NOTE: Businesses that use the HMBP to satisfy EPCRA reporting requirements <u>may not</u> use a certification statement – it is not recognized under federal law. These businesses <u>must</u> annually resubmit their inventory.

Business Name

Auk

Print Name of Owner/Operator

11926 BURKE ST.

Facility Address

J244-09

Mature of Owner/Operator

Date

y of Santa Fe Springs Fire Department Fire Protection Division - Environmental Protection Division 11300 Greenstone Avenue, Santa Fe Springs, CA 90670-4619 (562) 944-9713 FAX (562) 941-1817 fire@santafesprings.org

INVOICE

STEVEN LABEL CORP PO BOX 3688

SANTA FE SPRINGS CA 90670

ENTERED

Period Covered:

07/01/2004-06/30/2005

Permit No:

600281 11/18/2004

Today's Date: Payment Due Date:

11/18/2004 12/18/2004

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11926 BURKE

SANTA FE SPRINGS, CA 90670

Amount Paid: Check No.: 08

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Comments:

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City of Santa Fe Springs

Headquarters Fire Station

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2004/2005 Annual Unified Program Certification

Dear Business Owner:

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CHANGES HAVE BEEN MADE: U MUST SUBMIT UPDATED FORMS WITH THIS CERTIFICATION STATEMENT. IF YOU NEED RMS, PLEASE CONTACT THIS OFFICE AT (562) 944-9713 OR E-MAIL ruthslusher@santafesprings.org
Emergency Contacts - These are the two main contacts and their emergency phone numbers that the Fire Department will use in the event of an emergency. Submit revised BUSINESS OWNER/OPERATOR IDENTIFICATION. form
Chemical Inventory – The types and/or quantities of chemicals, hazardous liquids, solids, compressed gases, or waste have been changed. Submit revised HAZARDOUS MATERIALS INVENTORY- CHEMICAL DESCRIPTION form
Facility Plot Plan - This is the diagram of your facility, which indicates the storage and use location of all the hazardous materials listed in the inventory.
Consolidated Contingency Plan

NO CHANGES HAVE BEEN MADE

OUR BUSINESS HAS PREVIOUSLY FILED THE HAZARDOUS MATERIALS INVENTORY PURSUANT TO SECTION 2729.2 AND 2729.3 OF TITLE 19 REQUIREMENTS AND NO CHANGES HAVE BEEN MADE (all items must be correct):

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- 4) submitted inventory.

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Business Name

AHE M S INMIS

Print Name of Owner/Operator

Facility Address

nature of Owner/Operator

Date



CITY OF SANTA E SPRINGS FIRE DEPARTMENT Environmental Protection Division • Certified Unified Program Agency 11300 Greenstone Avenue • Santa Fe Springs, CA 90670 Telephone (562) 944-9713 • Fax (562) 941-1817

Storm Water Facility Inspection/Site Report Form

☑ First Inspection ☐ Second Inspection ☐ New Facility ☐ Response to Complaint ☐ Follow up ☐ Other
Facility Name: Stevens LAREL Site Address: 11826 Burke St.
Owner Name: Steve Strong Operator Name:
Contact Name: Lane McGinnis Phone: 678-9771
sic: 2759
Narrative SIC Description: Printing Busines C
Is the facility covered under a storm water permit? Does not need coverage No, refer to RWQCB to determine Individual NPDES General (filed NOI)
Does the facility have a SWPPP? Yes 🔁 No Facility's WDID #:
Is it Onsite? Yes No Date of SWPPP:
CRITICAL SOURCES TRACKING SYSTEM FACILITY CLASSIFICATIONS: EPA Facilities: USEPA Phase I (Tier 1 & 2) Commercial: Restaurants* Automotive Services* Retail Gasoline Outlet (RGO) / Auto Dealerships* Federally Mandated Facilities: Municipal Landfill Hazardous Waste Treatment /Recovery Facilities SARA Title III * Must use additional BMPs noted on Critical Source Supplement
Type of Weather at time of inspection: X Sunny Cloudy Drizzle Steady Rainfall
DODDAR THE COUNTRICOUNT DODDAR TO
OStains A General insustrial Activities
State water parail from the State water Regards Courted Board 8/6/04
State Water Frances Cashol Down
NOTE: SENT CHECK FOR 830. W/ APPLICATION OM 8-23-04 AND E
This report is furnished to the facility representative as a measure to evaluate the implemented BMPs at your facility to prevent storm water pollution.
Your facility may be subject to an enforcement action if the noted deficiencies are not corrected by the due date above. Upon completion of corrective actions, please sign and print your name along with the date and return this notice to the SFS Fire Department at the above address.
I HEREBY CERTIFY THAT THE ABOVE SPECIFIED DEFICIENCIES HAVE BEEN CORRECTED
Facility Representative Signature: Any Whiting Date: 8-26-04
Print name of Facility Representative: LANK MCINAILS Inspector: Tom Hall

BEST MANAGEMENT PRACTICE CHECKLY

	Termination of all non-storm water discharge	A APPEN
	to storm drain.	
	General good housekeeping.	~
	Regular, scheduled preventive maintenance.	
	Spill prevention and control procedures in	
	place.	
	Soil erosion control.	
2	Employee training program on the	-
ì	Employee training program on storm water issues.	1
	Post on-site storm drains to indicate they are	
	not to receive liquid or solid wastes.	
	Regular cleaning of storm drainage system.	
	Adsorbent and cleaning materials on hand for	1
	use.	ĺ
	Storm water runoff routed around operating,	
	processing, fueling, cleaning and storage	1
i	areas.	
į	Hose bibs eliminated or posted	
	Proper disposal of air conditioning, cooling	-
	tower and condensation drains	i
	Fueling area design minimizes storm water	
	exposure.	
į	Covered fueling area	
	Perimeter drain or pavement sloped to	
Š	containment sump	
ĺ	UST equipped with spill and overfill	
	protection, permit	
j	Above ground tanks within spill containment	
	1155 12 ground tartes within spin contaminent	İ
	Use off-site commercial washing and cleaning	
ļ	businesses.	
200	Covered designated wash area, sewered under	
Ē	permit	[]
	Exposed designated wash area, sewered	
ì	w/RDS, permit	
ł	Covered designated wash area, containment	
H	sump, permit	
	Exposed designated wash area, containment sump, permit	
l	Water recirculation/reclamation system used	
	water recirculation reciamation system used	
ı	Demineralized/ultra-pure water spray rinse, no	
	runoff	
	Portable containment and vacuum collection	
l	of wastewater	i
10000	On-site washing by vendor, wastewater	
	disposal off-site	
	On-site washing by vendor, wastewater	
1	collected and disposal on-site, permit	
	Equipment kept clean, build up of oil and	
-	grease avoided.	
	Drip pans or containers available where needed.	1
-	Covered designated maintenance area w/spill	
	containment.	
r	Exposed designated maintenance area w/spill	
	containment.	
Ī		

		1000
	Recycle greases, used oil, oil filters, antifreeze,	
	cleaning solutions, automotive batteries,	i
J. Saj	hydraulic and transmission fluids.	
	Use non-toxic chemicals for maintenance when	
4	possible.	
	Store idle equipment under cover.	
		1
	Operations within designated area w/spill	-
	containment.	1
1	Fully covered loading/unloading docks.	
nk)	,	
	Partially covered loading/unloading docks	
	,	
	Seal or door skirt between trailer and building.	
	Truck well w/manual sump pump, spill	+
	procedure posted.	
	Truck well w/RDS system and permit. Spill	
Ì	procedure posted	
£	Drip pans or containers used under hoses or	† —
	transfer operations.	1
	<u> </u>	
精	Move activity indoors.	<u> </u>
	•	
	Cover the area with a permanent roof	1
	Storm water runoff routed around process area	
	Process wastes piped directly to sewer	
	pretreatment system.	
	Spill containment for process areas	
û	Air emission control equipment under AQMD	
4	permit	
	Store materials indoors.	1
ů,		<u> </u>
	Cover storage area with fixed roof or temporary	
K	cover	ļ
H	Store materials on paved or impervious surfaces	
	Character 1917	
Š	Store materials within containment berms.	
À	Paragraph and maintain and	
N.	Sweep and maintain routes to and from storage	
	Bearrale motoriale within alexander of the	<u> </u>
	Recycle materials within plant or to off-site	
	facilities.	
ď	Valid sewer disposal permit and pretreatment system in place	
	Hazardous waste generator license or permit in	-
1	place	li
ů	piace	
Ŕ	Wastes segragated by type Johalad and dated	
200	Wastes segregated by type, labeled and dated.	
	Waste storage/pretreatment areas clean and free	
	Waste storage/pretreatment areas clean and free of spill or leaks.	
	Waste storage/pretreatment areas clean and free of spill or leaks. Proper records maintained on waste storage and	
	Waste storage/pretreatment areas clean and free of spill or leaks. Proper records maintained on waste storage and disposal.	
	Waste storage/pretreatment areas clean and free of spill or leaks. Proper records maintained on waste storage and disposal. Leaving or planting native vegetation to reduce	
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	Waste storage/pretreatment areas clean and free of spill or leaks. Proper records maintained on waste storage and disposal. Leaving or planting native vegetation to reduce maintenance Careful use of pesticides and fertilizers in	
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	Waste storage/pretreatment areas clean and free of spill or leaks. Proper records maintained on waste storage and disposal. Leaving or planting native vegetation to reduce maintenance Careful use of pesticides and fertilizers in landscaping Integrated pest management where appropriate.	
	Waste storage/pretreatment areas clean and free of spill or leaks. Proper records maintained on waste storage and disposal. Leaving or planting native vegetation to reduce maintenance Careful use of pesticides and fertilizers in landscaping	

City Santa Fe Springs Fire Depart int

Environmental Protection Division • Certified Unified Program Agency

11300 Greenstone Ave • Santa Fe Springs, CA • 90670: Tel (562) 944-9713 Fax (562) 941-1817

CUPA INSPECTION REPORT ✓ HMBP UST PERMIT NO: 600281 ✓ HWG CalARP STEVEN LABEL CORP BUSINESS NAME: SPCC Industrial Waste SITE ADDRESS: 11926 BURKE. **✓** UFC Storm Water 5626989971 FACILITY PHONE: LQG Tiered SIC CODE: 2759 PBR-HHW Recycler INSPECTOR: TH 12011 16104 Inspected by: Date:

Refer to Title 19, 22, & 23 of the California Code of Regulations (CCR), Chapters 6.5, 6.7, 6.67, & 6.95 of the Health and Safety Code (CHSC). The following Code selections are either in Violation (V) of, or in Compliance (C), or compliance is Not Applicable (N). Inspection consent given by: Mechanis LANE HAZARDOUS WASTE GENERATOR Hazardous Waste Generator continued 20 00 00 CITY ORD. 97.400 27. Hazwaste transported to proper TSDF Hazardous Waste Generator Permit CHSC 25163 * CCR 66262.11 CCR 66263.17 Hazardous Waste Determination made 28. Hazwaste transported by register hauler EPA ID Number obtained CCR 66262.12(a) 29. Excluded Recyclable Mat. record-keeping CHSC 25143.2 CHSC 25189.5(a) 4. Proper disposal of hazardous waste 30. Recyclable Mat. Reporting form filed CHSC 25143.10 5. Operate/maintain to prevent release/fire CCR 66265 31 31. Used oil receipts complete/available CHSC 25160.2(b)(3) × 32. Proper management of used oil 6. Container labeling requirements met CCR 66262.34(f) × CHSC 25250.4 7. Hazardous waste accumulation time CCR 66262.34(f)(1) XX 33. Proper management of Universal Waste CCR 66273 8. Hazardous waste containers sound CCR 66265.171 CCR 66266.130 34. Proper management of used oil filters CCR 66265.35 74 Maintain proper aisle space Proper mgmt. of lead/acid batteries CCR 66266.81 CCR 66265.173(a) CHSC 25144.6 Hazardous waste containers closed 36. Proper magmt, of contaminated rags NI TO IN Separation of incompatible hazmat CCR 66265.177(c) 70 HAZARDOUS MATERIALS BUSINESS PLAN CCR 66261.7(f) Proper mgmt. contaminated containers 37. HMBP established and filed CHSC 25503.5 'n Haz waste storage area inspected weekly CCR 66265.174 38. HMBP updated/accurate CHSC 25505 CHSC 25533(a) Haz waste tanks inspected daily CCR 66265.195 39. Regulated Substances Reg. completed Satellite accumulation requirements met CCR 66262.34(e) UNDERGROUND STORAGE TANK THE STATE 16. Ignitable/reactives 50' from property line CCR 23 Div. 3, Ch16 CCR 66265.176 40. Tank meets requirements Contingency Plan established CCR 66265.51 41. Tank meets requirements UFC Article 52 CCR 66262.23(a) Hazardous waste manifest complete × Tank meets requirements CHSC, Ch. 6.7 CCR 66262.23(a)(4) Manifest copies sent to DTSC × ABOVEGROUND PETROLEUM STORAGE TANK Manifest edpies retained for 3 years 43. SPCC Plan complete per requirements CHSC 25270.3 CCR 66262.40(a) LDR documents retained for 3 years CCR 66268.7(a) TIERED PERMIT CHSC 25144.6 44. Authorization to treat hazardous waste CHSC 25201(a) Consolidated manifest record-keeping 7 23. Biennial Report prepared - RCRA LQG CCR 66262.41 45 Certificate to financial assurance CCR 67450.13(a) 20 EV FO IN CCR 66262.40(c) UNIFORM FIRE CODE 24. Haz waste determination documentation Personnel training requirements met CCR 66265.16 UFC Article 79 46. Compliance for flam. & combust. liquids 26. SB14 requirements met for LQG's CCR 67100.3 47. Compliance for hazardous materials UFC Article 80 × NARRATIVE/COMMENTS LLAZARDOUS Program Inspected : HMBP HWG 💆 UST D SWPPP X

PBR 🔾

CA ONLY D

SQG 🗑

Joint 🖸

CalARP D

RECYCLER

Integrated/Multi-Media
NOV Issued

SPCC 🖸

CESOG Silver SPG

RECYCLER

Number of

Employees:

LQG 🗅

Combined > .

Inspection Type: Routine Other HWG Status: LQG

Inspection Category: Single Program Q

y of Santa Fe Springs Fire Department Fire Protection Division - Environmental Protection Division 11300 Greenstone Avenue, Santa Fe Springs, CA 90670-4619 (562) 944-9713 FAX (562) 941-1817 fire@santafesprings.org

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STEVEN LABEL CORP PO BOX 3688 SANTA FE SPRINGS CA 90670 Comments:

Period Covered: Permit No:

600281

Today's Date:

11/05/2003

07/01/2003-06/30/2004

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For Facility Located at:

11926 BURKE

SANTA FE SPRINGS, CA 90670

Amount Paid:

CUPA PROGRAM ELEMENTS	
Hazardous Materials Fee	\$219.00
Hazardous Materials Volume Fee	\$0.00
Hazardous Waste Generator Fee	\$830.00
Tier Permit Fee	\$0.00
Underground Storage Tank Fee	\$0.00
CalARP Fee	\$0.00
Aboveground Storage Tanks	\$0.00
STATE SERVICE FEES	
Underground Storage Tank Service Fee	xempt) \$0.00
O-HADD O	xempt) \$0.00
Communication Co	xempt) \$24.00
OTHER	
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\$1.398.00 \$0.00

\$1,398.00

City of Santa Fe Springs Fire Department 11300 Greenstone Avenue Santa Fe Springs, CA 90670

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\$0.00

PLEASE RETURN THIS COPY WITH YOUR PAYMENT





Headquarters Fire Station

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2003/2004 Annual Unified Program Certification

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If you have made changes to your HMBP, please check the "Changes Have Been Made" box below. The Fire Department will send you all of the appropriate forms necessary to update your status.

CHECK THE APPROPRIATE BOX AND SIGN THE FORM BELOW

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Steven Cakel Corpo	ration	11/26 }	Surke Street	13.2 -
John Whileye	Cenholler		Facility Address	1/26/03
Print Name of Owner/Operator		Signature of Owner/0	perator	Date

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For Facility Located 11926 BURKE

SANTA FE SPRINGS, CA 90670

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Hazardous Materials Volume Fee		\$0.00
Hazardous Waste Generator Fee		\$783.00
Tier Permit Fee		\$0.00
Underground Storage Tank Fee		\$0.00
CalARP Fee		\$0.00
Aboveground Storage Tanks		\$0.00
STATE SERVICE FEES		
Underground Storage Tank Service Fee	(Exempt)	\$0.00
CalARP Service Fee	(Exempt)	\$0.00
Program Oversight Fee	☐ (Exempt)	\$17.50
OTHER		
Industrial Waste Permit Fee		\$257.00
Rain Diversion Fee		\$0.00
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Faci of al	lity Plot Plan—This is the diagram of your facility, which indicates the storage and use location Il the hazardous materials listed in the inventory.
I certify under penalthe Santa Fe Springs	ty of law that our business has reviewed the current hazardous materials inventory on file with Fire Department and certify that the submitted information is true, accurate, and complete.
NOTE: Businesses t	hat use the HMBP to satisfy EPCRA reporting requirements <u>may not</u> use a certification ecognized under federal law. These businesses <u>must</u> annually resubmit their inventory.
STEVEN A B ANK M ² Print Name of Ox	usiness Name 1726 Packer ST. Facility Address 12-4-02 12-4-02
/	wner/Operator Signature of Owner/Operator Date

City of Santa Fe Springs Fire Department
Fire Protection Division - Environmental Protection Division
11300 Greenstone Avenue, Santa Fe Springs, CA 90670-4619
(562) 944-9713 FAX (562) 941-1817 fire@santafesprings.org

INVOICE

STEVEN LABEL CORP PO BOX 3488 SANTA FE SPRINGS CA 70170 pl\$ 1156,50 cu#77337 11/2401

Period Covered: 07/01/2001-06/30/2002
Permit No: 500261

Today's Date: 11/06/2001 Payment Due Date: 12/15/2001

A PENALTY WILL BE ASSESSED FOR TOTAL PEES NOT RECEIVED BY THE DUE DATE ABOVE For Facility Located at:

JAMES STEVEN
STEVEN LABEL CORP

11926 BURKE

SANTA FE SPRINGS, CA 90670

CUPA PROGRAM ELEMENTS				
Hazardous Materials Fee				\$189.00
Hazardous Materials Volume Fer				\$0.00
Hazardous Waste Generator Fer				\$715.00
Tier Permit Fee				\$0.00
Underground Storage Tank Fee				\$0.00
CalARP Fee				\$0.00
Aboveground Storage Tanks				\$0.00
STATE SERVICE FEES		<u> </u>		
Underground Storage Tank Servi	ice Fee	(Exempt)	i lage	\$0.00
CalARP Service Fee	원사 기상 다른 생각 보고를 하다?	(Exempt)		\$0.00
Program Oversight Fee		(Exempt)		\$17.50
OTHER				
Industrial Waste Permit Fee				\$235.00
Rain Diversion Fee				\$0.00
Fire Permit Fee				
Stormwater Fee				\$0.00 \$0.00

This fee is due and payable upon receipt. Please indicate the permit number 800251 on your check. Make check payable to 'CITY OF SANTA FE SPRINGS' and remit to:

City of Santa Fe Springs Fire Department 11300 Greenstone Avenue Santa Fe Springs, CA 90870 Above Total:

\$1,156.50

Late Fee:

\$0.00 **\$0.00**

Amount Paid: TOTAL AMOUNT DUE:

\$1,156.50



Headquarters Fire Station

11300 Greenstone Ave. • CA • 90670-4619 • (562) 944-9713 • Fax (562) 941-1817 • www.santafesprings.org

2001/2002 Annual Unified Program Certification

Dear Business Owner:

In addition to other notification and update requirements, Chapter 6.95 of the California Health and Safety Code requires your Hazardous Materials Business Plan (HMBP) to be reviewed and updated annually. If you have made thanges to your HMBP, please check the "Changes Have Been Made" box(es) below. The Fire Department will send you all of the appropriate forms necessary to update your status. If no changes have been made you must check the box and sign below. This form will serve as your 2001/2002 official update.

This form must be signed by the business owner or officially designated representative. Check the appropriate box(es) and return to the Fire Department by December 15, 2001 along with the required annual CUPA fees shown on the attached invoice. Failure to do so will result in additional fines being assessed. The minimum late penalty fine is \$300.00 dollars.

CHECK THE APPROPRIATE BOX AND SIGN THE EQ

		THE TOTAL OF THE TORY DELOW
	C	HANGES HAVE BEEN MADE:
		Emergency Contacts - These are the two main contacts and their emergency phone numbers that the Fire Department wis use in the event of an emergency.
		Chemical Inventory - The types and/or quantities of chemicals, hazardous liquids, solids, compressed gases, or waste have been changed.
	_	Facility Plot Plan - This is the diagram of your facility, which indicates the storage and use location of all the hazardou materials listed in the inventory.
Ħ	NO	CHANGES (all items must be correct);
	1)	The most recent inventory statement is complete, accurate, and up to date.
	2)	There has been no change in the quantity of hazardous material as reported last year.
	3)	No hazardous materials subject to the inventory requirement are being handled that are not listed on the inventory statement on file.
I ce cert	rtify ify tl	under penalty of law that our business has reviewed the current HMBP on file with the Santa Fe Springs Fire Department and ne submitted information is true, accurate and complete.

NOTE: Businesses that use the HMBP to satisfy EPCRA reporting requirements may not use a certification statement - it is not

Date

recognized under federal law. These businesses must annually resubmit their inventory.



11926 Burke Street Santa Fe Springs California 90670-2508 (562) 698-9971 (714) 521-2045

FAX: (562) 698-1507 slc4you@stevenlabel.com City of Santa Fe Springs Fire Department 11300 Greenstone Ave Santa Fe Springs, CA 90670 Attn: Tom Hall

Dear Tom,

Enclosed is our Hazardous Material Business Plan. Thanks for being so patient as we worked through this requirement. I did the best I could in providing the information that it was requiring but I must admit it wasn't easy. Forms that are designed to cover every possible industry are always difficult to interpret. Maybe some day they will figure out a better way. Please review what we have submitted and let me know if there is anything missing or incorrect.

I want to thank you personally in the way you approached us about this new requirement. It was a total pain in the neck to be honest but it could have felt much worse depending on the attitude of the person I was working with.

Thanks again for your help and support.

Sincerely,

VP of Operations

T18F

CAN YOU PLEERAMASSSE REVIEW & FILE.

-CHUYES



LABEL
P.O. Box 3688
11926 Burke Street
Santa Fe Springs
California 90670-7508
[562] 6988-979
[714) 521-2045
FAX: (562) 698-1507
slc4you@stevenlabet.com

City of Santa Fe Springs
Fire Department
11300 Greenstone Ave.
Santa Fe Springs, CA 90670
Attn: Tom Hall

Dear Tom.

Per our discussion, enclosed are the items requested by Dave Klunk's office that were missing from our original submittal. We have added or updated the following.

- Consolidated Contingency Plan We added the name of our hazardous waste contractor for our waste ink and plate making waste.
- Site Map We added a legend indicating what symbols we used.
 We've added the location of our hazardous waste (ink) and plate making waste to the map. We also removed the equipment and other non-essential items to make the site map easier to read.
- Chemical Description Forms We have added to our original list a separate form for our waste ink and plate making waste.

Hopefully this will meet the requirements. Please let me know if there is anything we have forgotten or if you have any questions.

Thanks again for your help.

VP of Operations



City of Santa Fe Springs

Headquarters Fire Station

11300 Greenstone Ave. • CA • 90670-4619 • (562) 944-9713 • Fax (562) 941-1817 • www.santafesprings.org

CUPA REPORTING FORM DEFICIENCIES

		COLA REPORTING FORM DEFICI	ENCI	ES
BUSINESS N	IAME:	STEVEN LABEL CORPORATION		
SITE ADDF	RESS:	11926 BURKE STREET		
IAILING ADDR	ESS:	PO BOX 3688, SANTA FE SPRINGS, CA 90670		
CONT	ACT:	LANE MCGINNIS	DATE:	AUGUST 9, 2001
reviewed the	forms su	Fitle 27, Section 15600 requires businesses to submit require am Agency (CUPA), the Santa Fe Springs Fire Department bmitted by your facility. The following checked items are misue date below.	(SESED)	The SESED has
	Busines	ss Activities Form		
	Busines	ss Owner / Operator Identification Form		
	Hazardo	ous Materials Inventory / Chemical Description (one form for	each mai	terial and waste)
xx		dated Contingency Plan		·
xx	Site Ma	р		
	Hazardo	ous Waste Generator Form		
	Chemica	al Classification Forms		
XX	lixer, w	complete a separate Chemical Description Form for each ha vaste ink, Flexo plate waste). Also update your Site Map see example).	azardous to includ	waste you generate (spent e chemical location and a
Failure to cor for non-comp	rect these	e violations before the below date will result in an additional N th CUPA programs (2nd Notice \$300 fine, 3rd Notice \$600 fin	Notice bei ne).	ng issued with fines

AUGUST 24, 2001

Please contact Tiffany Shedrick of the Santa Fe Springs Fire Department at (562) 944-9713 Ext. 161 if you have any questions, or require further assistance in this matter.

Sincerely,

Dave Klunk Director of Environmental Protection



Program Inspected : HMBP | HWG | LOG |

Inspection Category: Single Program

Inspection Type: Routine G Other D | HWG Status: LQC C

UST 🔾

Joint 🗅

Combined @

TP 🗀

SQG CA ONLY D

PBR 🗅

CalARP 🔾

RECYCLER O

Integrated/Multi-Media G NOV Issued O

SPCCO SWPPP CO IW CO RECYCLER D

Employees:

CESQG Silver □ SPG □ Number of

CITY OF SANTA FE SPRINGS FIRE DEPARMENT

Environmental Protection Division • Certified Unified Program Agency
11300 Greenstone Ave • Santa Fe Springs, CA • 90670: Tel (562) 944-9713 Fax (562) 941-1817

<u>CUPA INSPECTION REPORT</u>

)281			✓ HMBP		
BUSINESS NAME: STE	EVEN LABEL CORI	Ρ		✓ HWG □ CalARP		
	26 BURKE,			☑ Industrial Waste ☐ SPCC		
0.0	6989971			☑ UFC ☐ Storm Water		
SIC CODE: 399	3			☐ Tiered ☐ LQG		
INSPECTOR: TH				☐ PBR-HHW ☐ Recycler		
Inspected by: _ Tow Han				Day 5 / 3 / 11		
Refer to Title 19, 22, & 23 of the California Cod are either in Violation (V) of, or in Compliance (e of Regulations (CCR), C	 Chap!	iers 6.			
Inspection consent given by:	C), or compliance is Not A				Me se	elec
HAZARDOUS WASTE GENERATOR		V				_
Hazardous Waste Generator Permit	CITY ORD, 97,400	+	101	27 See Clear and Continuent.	V	C
2. Hazardous Waste Determination made	CCR 66262.11	++	12	27. HazWaste Transported to proper TSDE CHSC 25142	1	
3. EPA ID Number obtained	CCR 66262.12(a)	+-+	1	28. FlazWaste Transported by register hauter CCR 66263.17		77
4. Proper Disposal of Hazardous Waste	CHSC 25189.5(a)	+++	17	29. Excluded Recyclable Mat. record-keeping CHSC 25143.2		۳
5. Operate/maintain to prevent release/fire	CCR 66265.31	1-1	1	30. Recyclable Mat. Reporting Form filed Cuer 25112 in		
6. Labeling requirements met	CCR 66262.34(1)	 		3). Used Oil Receipts complete/available CHSC 25250.8(b)	M	Γ^{-}
7. Hazardous Waste Accumulation Time	CCR 66262.34(e)(1)	1-		32. Proper management of Used Oil CHSC 25250.4		, , ,
8. Hazardous Waste Containers sound	CCR 66265.171	+	12	33. Used Oil not contaminated CHSC 25250,7		,
9. Hazardous Waste Containers not leaking	CCR 66265.[73(b)		+	34. Proper management of Used Oil Filters CCR 66266,130		
10. Hazardous Waste Containers closed	CCR 66265.173(a)		+	35. Proper management of Used Batteries CCR 66266.81	\Box	J
11. Separation of Incompatible HazMat	CCR 66265.177(c)	\Box	*	36. Proper magmt. of Contaminated Rags CHSC 25144.6	\Box	3
12. Proper mgmt. Contaminated Containers	CCR 66261.7(f)	\vdash	-	HAZARDOUS MATERIALS BUSINESS PLAN		_
 Storage Area inspected weekly 	CCR 66265,174	\rightarrow		37. Business Plan established and filed CHSC 25503.5	T	4
14. Tanks inspected daily	CCR 66262,34(d)(2)	$\overline{}$	-	38. Business Plan updated/accurate CHSC 25505	-	7
15. Satellite Accumulation requirements met	CCR 66262.34(e)	-+		39. Regulated Substances Reg. completed CUSC 25522403	_	
16. Contingency Plan established	CCR 66265.51	\rightarrow	<u> </u>	UNDERGROUND STORAGE TANK (UST)		
17. Waste Transported w/ proper documents	CCR 66262.20(a)	-+	<u> </u>	# 40. UST Program requirements met? See CCR 22 Div 2 Ct. 46 T	\neg	\neg
18. Hazardous Waste Manifest complete		-+	4	UST Inspection Supplement if applicable and CHSC, Ch. 6.7	_	-
19. Manifest copies sent to DTSC	CCR 66262.23(a)	_	4			
20. Manifest copies retained for 3 years	CCR 66262.23(a)(4)		4	ABOVEGROUND PETROLEUM STORAGE TANK		_
21. LDR documents retained for 3 years	CCR 66262.40(a)		4	41. SPCC Plan complete per requirements CHSC 25270 3		_
22. Milk-run operation record-keeping	CCR 66268.7(a)	4		TIERED PERMIT	_4_	بلــــ
23. Biennial Report prepared	CHSC 25144.6	+	بد	42. Authorization to treat Hazardous Waste CHSC 25201(a)	—	_
24. HazWaste Analysis retained for 3 years	CCR 66262.41	1	1	43. Certificate to financial assurance CCR 67450 13(a)	+	
25. Personnel Training requirements met	CCR 66262.40(e)	بملت	10	UNIFORM FIRE CODE		Щ.
26. SB14 requirements met for LQG's		VO		44. Compliance for flam, & combust liquids LIEC Assists 70		$\overline{}$
	CCR 67100.3	1	7	45. Compliance for Hazardous Materials UFC Article 80	-	+
NARRATIVE/COMMENTS DISCOSTILLE		<u> </u>			<u></u>	
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11926 BURKE.	Even Fre	uu	704	1		_
MATCH MANIFE			-		—	
THE MANIFES						
		ھے		WE TRANSPORTER.		
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UT VALLE YO	are was	ΔV	<u>>-</u>	MATERIA RAMERIA P.		
* Your	CONTRACENC	- 1	P	AN		_
	MPROVED	•		Spare Water Tours		_

City of Santa Fe Springs Fire Department Fire Protection Division - Environmental Protection Division 11300 Greenstone Avenue, Santa Fe Springs, CA 90670-4619 (562) 944-9713 FAX (562) 941-1817 fire@santafesprings.org

INVOICE

STEVEN LABEL CORP P.O. BOX 3688 SANTA FE SPRINGS CA 90670

pd \$ 1149.00 Clu# 73951 1211100

Period Covered:

07/01/2000-06/30/2001

Permit No:

600281

Today's Date:

11/14/2000

Payment Due Date:

12/14/2000

A PENALTY WILL BE ASSESSED FOR TOTAL FEES NOT RECEIVED BY THE DUE DATE ABOVE

For Facility Located at: JAMES STEVEN STEVEN LABEL CORP 11926 BURKE

SANTA FE SPRINGS, CA 90670

CUPA PROGRAM ELEMENTS	-	
Hazardous Materials Fee		\$189.00
Hazardous Materials Volume Fee		\$0.00
Hazardous Waste Generator Fee		\$715.00
Tier Permit Fee		\$0.00
Underground Storage Tank Fee		\$0.00
CalARP Fee		\$0.00
Aboveground Storage Tanks		\$0.00
STATE SERVICE FEES	V	
Underground Storage Tank Service Fee	(Exempt)	\$0.00
CalARP Service Fee	(Exempt)	\$0.00
Program Oversight Fee	☐ (Exempt)	\$10.00
OTHER		
Industrial Waste Permit Fee		\$235.00
Rain Diversion Fee		\$0.00
Fire Permit Fee		\$0.00
Stormwater Fee		\$0.00

This fee is due and payable upon receipt. Please indicate the permit number 600281 on your check. Make check payable to 'CITY OF SANTA FE SPRINGS' and remit to:

> City of Santa Fe Springs Fire Department 11300 Greenstone Avenue Santa Fe Springs, CA 90670

Above Total:

\$1,149.00

Late Fee:

Amount Paid:

\$0.00 \$0.00

TOTAL AMOUNT DUE:

\$1,149.00



City of Santa Fe Springs

Headquarters Fire Station

11300 Greenstone Ave. • CA • 90670-4619 • (562) 944-9713 • Fax (562) 941-1817 • www.santafesprings.org

2000/2001 ANNUAL UNIFIED PROGRAM CERTIFICATION

Dear Business Owner:

In addition to other notification and update requirements, Chapter 6.95 of the California Health and Safety Code requires your Hazardous Materials Business Plan (HMBP) to be reviewed and updated annually. If you have made changes to your HMBP, please check the "Changes Have Been Made" box below. The Fire Department will send you all of the appropriate forms necessary to update your status. If you have marked the box that indicates no changes have been made, this form will serve as your 2000/2001 official update.

This form must be signed, box(s) checked, and returned to the Fire Department by DECEMBER 14, 2000 along with the required Annual CUPA Fees shown on the attached invoice. Failure to do so will result in fines being assessed. The minimum late penalty fine is \$300,00 dollars.

CHECK THE APPROPRIATE BOX AND SIGN THE FORM BELOW

CHANGES HAVE BEEN MADE - Our fa	acility has made changes to one or more of the following HMBP elements
EMERGENCY CONTACTS - T the Fire Department will use in t	These are the two main contacts and their emergency phone numbers the the event of an emergency.
CHEMICAL INVENTORY – compressed gases, or waste have	The types and/or quantities of chemicals, hazardous liquids, solid e been changed.
NO CHANGES – I certify that our busines	ss has a current HMBP on file with the Santa Fe Springs Fire Departmer
Staven Label Congression Business Name Mgnature of Owner/Operator	Address Unit # Auk N = 12-11-00 Print Name Date



City of Santa Fe Springs Fire Department
Fire Protection Division - Environmental Protection Division
11300 Greenstone Avenue, Santa Fe Springs, CA 90670-4619
(562) 944-9713 FAX (562) 941-1817 fire@santafesprings.org

RECEIVED

INVOICE

Ck # 70165 Pd. 1,149°= 12-2-49



STEVEN LABEL CORP P.O. BOX 3688 SANTA FE SPRINGS CA 90670

Period Covered:

Payment Due Date:

07/01/1999 - 06/30/2000

Invoice No:

10312

Permit No:

600281

Today's Date: 11/05/

11/05/1999

For Facility Located at:

STEVEN LABEL CORP

A PENALTY WILL BE ASSESSED FOR TOTAL

11926 BURKE

FEES NOT RECEIVED BY THE DUE DATE
ABOVE

SANTA FE SPRINGS, CA 90670

DOTE	777.11	OD, CA 70070
CUPA PROGRAM ELEMENTS		
Hazardous Materials Fee		\$189.00
Hazardous Materials Volume Fee		\$0.00
Hazardous Waste Generator Fee		\$715.00
Tier Permit Fee	그렇는 문화가 하는 그 원칙하는	\$0.00
Underground Storage Tank Fee	이 하루 등 바람이는 그는 말이라. 이	\$0.00
CalARP Fee		\$0.00
Aboveground Storage Tanks		\$0.00
STATE SERVICE FEES		
Underground Storage Tank Service	e Fee (Exempt)	\$0.00
CalARP Service Fee	(Evempt)	\$0.00
Program Oversight Fee	(Course)	\$10.00
OTHER		
Industrial Waste Permit Fee		\$235.00
Rain Diversion Fee		\$0.00
Fire Permit Fee	Timber Supplemate the first	\$0.00
Stormwater Fee		\$0.00

This tee is due and payable upon receipt. Please indicate the permit number 600281 on your check. Make check payable to 'CTTY OF SANTA FE SPERIOS' and remit to:

City of Santa Fe Springs Fire Department 11300 Greenstone Avenue Santa Fe Springs, CA 90670 Above Total:

\$1,149.00

Late Fee:

\$0.00

Amount Paid:

\$0.00

TOTAL AMOUNT DUE:

\$1,149.00

Hunk



Headquarters Fire Station

11300 Greenstone Ave. • CA • 90670-4619 • (562) 944-9713 • Fax (562) 941-1817 • www.santafesprings.org

1999/2000 ANNUAL UNIFIED PROGRAM CERTIFICATION

Dear Business Owner:

Chapter 6.95 of the California Health and Safety Code requires your Hazardous Materials Business Plan (HMBP) to be reviewed and updated annually. If you have made changes to your HMBP, please check the "Changes Have Been Made" box below. The Fire Department will send you all of the appropriate forms necessary to update your status. If you have marked the box that indicates no changes have been made, this form will serve as your 1999/2000 official update.

This form must be signed, box(es) checked, and returned to the Fire Department by DECEMBER 5, 1999 along with the required Annual CUPA Fees shown on the attached invoice. Failure to do so will result in fines being assessed. CHECK THE APPROPRIATE BOX AND SIGN THE FORM BELOW

CHANGES HAVE BEEN MADE - Our facility has made changes to one or more of the following HMBP elements. EMERGENCY CONTACTS -- These are the two main contacts that the Fire Department will use in the event of an emergency. CHEMICAL INVENTORY - The types and quantities of chemicals, hazardous liquids, solids, compressed gases, or waste have been changed. FACILITY PLOT PLAN - This is the diagram of your facility, which indicates the storage and use location of all the hazardous materials listed in the inventory. NO CHANGES - I certify that our business has a current HMBP on file with the SFSFD and has made no changes to the above listed programs. This form will serve as certification that our HMBP has been reviewed and is accurate, complete, and up to date. HAZARDOUS WASTE GENERATOR FEE REDUCTION - Our business generates less than 1000 kg (270 gallons) of hazardous waste per month, has 10 or less employees, will attend a 4 hour Hazardous Waste workshop and perform a self audit to receive the \$157.00 permit fee reduction. (See statement below) Attention Hazardous Waste Generators: Businesses in the Hazardous Waste Generator program that have 10 or less employees may qualify for a \$157.00 reduction in their annual permit fee. To qualify for the program, you must complete a 4 hour workshop on generator requirements, complete

a Self Inspection form and return it to the Fire Department within a given time. The reduction is not available to Large Quantity Generators (1000 kg of waste per month or more). If you wish to participate in the Self-Audit Program, deduct \$157.00 from your HWG permit fee and check the box above. The Fire Department will advise you of the date and location of the workshops. The workshops will be available at no cost. All attendees of the workshop will receive a certificate of completion. The Self-Audit forms will be mailed out after the workshops and must be returned to the Fire Department within

30 days. Failure to meet all of the conditions will result in the \$157.00 deduction being re-billed to the business.



City of Santa Fe Springs

FIRE PROTECTION DIVISION - ENVIRONMENTAL PROTECTION DIVISION

11300 GREENSTONE AVENUE · SANTA FE SPRINGS, CA 90670-4619 (562) 944-9713 · FAX (562) 941-1817 · fire@santafesprings.org

007 23 1998

CERTIFIED UNIFIED PROGRAM AGENCY ANNUAL FEES

TO:

FOR FACILITY LOCATED AT:

1,095.00

STEVEN LABEL CORP

11926 BURKE

P.O. BOX 3688 SANTA FE SPRINGS, CA 90670

CCOUNT NUMBER	PER PER	IOD	DA	TE ISSUED		DATE DUE
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1602	DEPARTMENT		_		Nov	1 9 1998
AID <u>1695.00</u> JY	2 CHECK NUMBER <u>6657(</u> DATED	2 REMARKS				PAID

TOTAL PAYMENT DUE

MAKE CHECKS PAYABLE TO THE

CITY OF SANTA FE SPRINGS



Oity of Santa Fe Springs

FIRE PROTECTION DIVISION - ENVIRONMENTAL PROTECTION DIVISION

11300 GREENSTONE AVENUE - SANTA FE SPRINGS, CA 90670-4619 (562) 944-9713 - FAX (562) 941-1817 - fire@santalesprings.org

CERTIFIED UNIFIED PROGRAM AGENCY

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BOR BACH HIVE OVATED AN

STEVEN LABEL CORP

11926 BURKE

11926 BURKE SANTA FE SPRINGS, CA. 90670

FR()M	1997 TO 18936	1998 - 10-3	0-1997 12- VERMIT NUMBER	D1=199 T	A Description
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MAKE CHECKS PAYABLE TO THE CITY OF SANTA FE SPRINGS

BOLAR PARMINEDLE

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12-01-199

PENALTY WILL DE ASSESSED FOR "TOTAL FEE(S)" NOT RECEIVED BY



STEVEN LABEL

11926 Burke Street

Santa Fe Springs California 90670-2508 (310) 698-9971 (714) 521-2045 FAX: (310) 698-1507 Santa Fe Springs fire Department 11300 Greenstone Ave. Santa Fe Springs, CA 90670

Attn.: Raul Diaz

Re: Hazardous Material Business Plan

Dear Mr. Diaz,

Enclosed is the form required by your department. I have indicated that this location is exempt per the requirements described in your letter. Specifically, we do not handle "quantities equal to or greater than 500 pounds, 55 gallons or 200 cubic feet of any hazardous material handled on-site at any time during the year". I have filled out the appropriate section of the form you submitted to indicate this status. Please let us know if there is anything else you require or if there is a part of the regulation that we are misinterpreting.

3-24-97

Thanks for your help in this matter.

Wirlinia

Sincerely,

Lane McGinnis
Director of Operations

CC: Steve Stong

SANT FE SPRINGS FIRE DEPARTMENT

FIR AD ENVIRONMENTAL PROTECTION BY AU 11300 GREENSTONE AVE., SANTA FE SPRINGS, CA 90670



FOR FACILITY LOCATED AT: TO: 11926 BURKE

STEVEN LABEL CORP

11926 BURKE

0000799	FROM 01/01/97	TO 12/31/97	01/E7/97	02/26/97
1942 (A) #44				
despet of	*** HAZARDOUS MATERIAL	S BUSINESS PLAN		Tour Little
	NUMBER OF MATERIALS VOLUME OF MATERIALS ACUTELY HAZARDOUS MATE	RIALS		180.00
	*** FIRE PERMITS ***			
PF.4	FLAM/COMB LIQUIDS AND	CHAPL		
	*** INDUSTRIAL WASTE	PERMATE CONTRACTOR		
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PENALTY TOTAL P	9 244 AD	v za za z		

PENALTY WILL BE ASSESSED FOR "TOTAL FEE(S)" NOT RECEIVED BY 02/26/97 ▲ 10%/MO

FIRE DEPARTMENT OF THE CITY OF SANTA FE SPRINGS





HEADQUARTERS FIRE STATION • (310) 944-9713 • FAX (310) 941-1817 11300 GREENSTONE AVE. • SANTA FE SPRINGS 90670-4619

1997 Annual Unified Program Certification

Dear Business Owner:

Chapter 6.95 of the California Health and Safety Code requires your Hazardous Materials Business Plan (HMBP) to be reviewed and updated annually. If you have made changes to the HMBP, or to your Industrial Waste or Uniform Fire Code permits, please check the "Changes Have Been Made" box below. The Fire Department will send you all of the appropriate forms necessary to update your status. If you have marked the box which indicates that no changes have been made, this form will serve as your 1997 official update.

This form must be signed and returned to the Fire Department by February 26, 1997 along with the required annual fee as shown on the attached invoice.

CHECK THE APPROPRIATE BOX AND SIGN THE FORM BELOW.

following HMBP items or permit progra	
☐ EMERGENCY CONTACTS - These are Department will use in the event of an en	the two main contacts that the Fire nergency.
☐ CHEMICAL INVENTORY - The types a liquids, solids, or compressed gases have	nd quantities of chemicals, hazardous been changed.
FACILITY PLOT PLAN - A diagram of y storage and use location of all the hazard	your facility which indicates the ous materials listed in the inventory.
UNIFORM FIRE CODE PERMIT- Hand that is hazardous to life or property.	dling of materials or use of equipment
☐ INDUSTRIAL WASTE DISCHARGE P sewer.	ERMIT- Required for discharges to the
□ OTHER	
NO CHANGES - Our business has made no cl form will serve as certification that our no modifications have been made to our	HMBP has been reviewed and is accurate, and
STEVEN LABEL CORPORATION .	11926 BURKE STREET
Business Mame	Address
Signature of Owner/Operator	Date

SANTE FE SPRINGS FIRE DEPART TENT

FIRE AND ENVIRONMENTAL PROTECTION BULLAU 11300 GREENSTONE AVE., SANTA FE SPRINGS, CA 90670

(310) 944-9713

TO: STEVEN LABEL CORP

FOR FACILITY LOCATED AT: BURKE 11926

11926 BURKE SANTA FE SPRINGS CA 90670

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0000799	dispose of the	FROM 01/01/90		01/21	/96 PERMIT NUMBER	02/26/96
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and Market and the	***	FIRE PERMITS				
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A 10%/HO PENALTY WILL BE ASSESSED FOR "TOTAL FEE(S)" NOT RECEIVED BY 02/26/96

SANT FE SPRINGS FIRE DEPARTIENT
FIRE DE ENVIRONMENTAL PROTECTION AU
11300 GREENSTONE AVE., SANTA FE SPRINGS, CA 90670
(310) 944-9713

ANNUAL FIRE DEPARTMENT FEES

TO: FOR FACILITY LOCATED AT:

ACCOUNT N	UMBER:	PER	ERIOO S.	DATE ISSUED	DATE DUC
00000799	FROM	01/01/95	TO 12/31/95	01/23/95	02/27/95
CODE	PHOW	A	CTIVITIES	PERMIT N	UMBER FEE
	*** HAZARD	DOUS MATERIA	LS BUSINESS PLAN	***	
					180.00
	NUMBER OF	MATERIALS		No.	180.00
		MATERIALS Azardous mat			
	*** FIRE	PERMITS **	•		
PF 3	FLAM/COMB	LIQUIDS AND	TANKS	1	
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A 10%/MO PENALTY WILL BE ASSESSED FOR "TOTAL FRE(S)" NOT R

393.00% -

Santa Fe Springs Fire partment DEC 3 0 RECO **Environmental Protection Division**

ORTING YEAR: 1994

11300 Greenstone Ave., Santa Fe Springs, CA 90670 (310) 944-9713

> Business PLAN Hazardous Materials annual fee and reporting requirements

TO:

STEV11926BURK STEVEN LABEL CORP P.O. BOX 3688

FOR FACILITY LOCATED AT: 11926 BURKE

SANTA FE SPRINGS, CA 90670

Dear Business Owner:

The City of Santa Fe Springs requires all businesses that have filed a Business Plan to submit an annual fee used in maintaining this State mandated program. You are also required to indicate your facility's current status by checking one of the following boxes and signing on the appropriate line.

Providing inaccurate information or failure to comply with the provisions of Chapter 6.95 of the California Health and Safety Code may result in fines of up to \$2,000.00 for each day of violation.

PLEA	SE CHECK AND SIGN THE STAT			
X	Our business has had no changes or mon file with your office.	nodifications to the current I		iness Plan Statement 1-2-5 4 Date
	Our business has made modifications to Springs Fire Department will be notified	o our Hazardous Materials d within thirty days of these	Business Plan Statement changes.	. The Santa Fe
	_	Signature of Owne	r or Operator	Date
ANN	UAL FEE:			
F	ee for Number of Materials	\$180.00	FORM & FEE DU	IF RY:
F	ee for Volume of Materials		02/07/94	
F	ee for Acutely Hazardous Materials		A 50% PENALTY	WILL BE
L	ate Penalty (50%)		ASSESSED IF THE	FORM AND FEE
A	mount Received		ARE NOT RECEIV	ED BY THE
т	otal Due	\$180.00 M	ABOVE DATE.	

COMPLETE THIS FORM AND MAIL IT WITH YOUR PAYMENT TO THE FIRE DEPARTMENT ADDRESS SHOWN ABOVE. PLEASE MAKE CHECKS PAYABLE TO THE CITY OF SANTA FE SPRINGS.

The Santa Fe Springs Fire Department greatly appreciates the time and effort your business has dedicated to complying with these regulations. If we can be of any assistance, please contact the Environmental Protection Division of this office.

With thoop regular			E ONLY		
FEE PAID	#180 00	FOR DEPARTMENT US CHECK NUMBER	6 1000	REMARKS	(9)
PENALTY	off 100 ac	DATED			4
TOTAL PAID					=

Santa Fe Springs Fire artment Environmental Protection Division

11300 Greenstone Ave., Santa Fe Springs, CA 90670 (310) 944-9713 ALFORTING YEAR: 1993

Hazardous materials business plan Annual fee and reporting requirements

TO: STEV11926BURK STEVEN LABEL CORP P O BOX 3688 SANTA FE SPRINGS CA 90670 FOR FACILITY LOCATED AT:

Dear Business Owner:

The City of Santa Fe Springs requires all businesses that have filed a Business Plan to submit an annual fee used in maintaining this State mandated program. You are also required to indicate your facility's current status by checking one of the following boxes and signing on the appropriate line.

Providing inaccurate information or failure to comply with the provisions of Chapter 6.95 of the California Health and Safety Code may result in fines of up to \$2,000.00 for each day of violation.

PLEASE CHECK AND SIGN THE STATEMENT BELOW WHICH APPLIES TO YOUR BUSINESS. Our business has had no changes or modifications to the current Hazardous Materials Business Plan Statement 2/02/93 on file with your office. Our business has made modifications to our Hazardous Materials Business Plan Statement. The Santa Fe Springs Fire Department will be notified within thirty days of these changes. Date Signature of Owner or Operator ANNUAL FEE: \$180.00 Fee for Number of Materials FORM & FEE DUE BY: Fee for Volume of Materials 03-12-93 Fee for Acutely Hazardous Materials A 50% PENALTY WILL BE ASSESSED IF THE FORM AND FEE Late Penalty (50%) ARE NOT RECEIVED BY THE Amount Received ABOVE DATE. Total Due

COMPLETE THIS FORM AND MAIL IT WITH YOUR PAYMENT TO THE FIRE DEPARTMENT ADDRESS SHOWN ABOVE. PLEASE MAKE CHECKS PAYABLE TO THE CITY OF SANTA FE SPRINGS.

The Santa Fe Springs Fire Department greatly appreciates the time and effort your business has dedicated to complying with these regulations. If we can be of any assistance, please contact the Environmental Protection Division of this office.

	F	OR DEPARTMENT US	EONLY,	
FEE PAID	180.	CHECK NUMBER	48968	REMARKS
PENALTY	O-NONE	DATED	3-9-33	
TOTAL PAID		Dittes		
I IOIAL PAID				

RECEIVED

ENVIRONMENTAL PROTECTION DIVISION

ENVIRONMENTAL PROTECTION DIVISION

OF STATE OF ST

Due Date: 2-3-92

ARDOUS MATERIAL BUSINESS PLAN FEE WORKSHEET

NSTRUCTIONS: Our records indicate that your facility disclosed the following number and quantity of hazardous materials. Changes to your existing disclosure must be made immediately and indicated on the Hazardous Materials inventory Form as Changes to your existing disclosure must be made immediately and indicated on the Hazardous Materials inventory Form as well as below. Failure to accurately disclose all hazardous materials is punishable by a \$2000.00/day fine. Please review the following worksheet for accuracy, fill in your check number in the bottom section, and return with your check and the updated Hazardous Materials Business Plan.

		SECTION	I A	
NUMBER OF HAZARDOUS MATERIALS	FEE	NUMBER OF HAZARDOUS MATERIALS	FEE	CALCULATED FEE
1	¢75.00	13 - 20	\$750.00	SECTION A
2 - 4	\$150.00	21 - 40	\$2,250.00	TOTAL
5 - 8	\$300.00	41 and over	\$4,500.00	_
9 - 12	\$450.00			\$ 150.00

SECTION B					
TOTAL LIQUID VOLUME (GALLONS)	TOTAL SOLID WEIGHT (LBS)	TOTAL GAS VOLUME (CU.FT.)	FEE	CALCULATED FEE	
0 to 10,000	0 100,000	0 to 1,000,000	\$0.00	SECTION B TOTAL	
10,001 to 1,000,000	100,001 to 10,000,000	1,000,001 to 100,000,000	\$400.00		
1,000,001 and over	10,000,001 and over	100,000,001 and over	\$4,000.00	\$ 0.00	

SECTION C

MULTIPLY THE TOTAL NUMBER OF ACUTELY HAZARDOUS MATERIALS, (AHM'S), WHICH EXCEED TEN TIMES THEIR THRESHOLD PLANNING QUANTITIES, (TPQ'S), BY \$2,000.00

AHM'S x \$2,000.00 = SECTION C TOTAL

\$ - 0 -

SECTION D

ADD AMOUNTS FROM SECTION A, B AND C TOTALS; THEN MULTIPLY BY 22% OR .22 TO CALCULATE THE 22% 33.00 (SECTION A + B + C) \times (.22) = SURCHARGE.

+ per- 91,50TAL FINAL TOTAL = SECTION A+B+C+D *Note: 50% late penalty applies if payment is not submitted by due date (Please make checks payable to the City of Santa Fe Springs) 274.50

STEVEN LABEL CORP Company Name:

11926 BURKE Site Address:

Check Number 46756 Date 3-21-92

SANTA FE SPRINGS FIRE DE ARTMENT

11300 GREENSTONE AVE., SANTA FE SPRINGS, CA 80670 (213) 944-9713

REPORT YEAR 1991

HAZARDOUS MATERIALS DISCLOSURE PROGRAM ANNUAL FEE AND REPORTING REQUIREMENTS

TO:

FOR FACILITY LOCATED AT:

STEV11926BURK STEVEN LABEL CORP P.O. BOX 3688 SANTA FE SPRINGS, CA 90670

BURKE 11926

Dear Business Owner:

undate of your Hazardous Materials

Discl area: chec upda	nandated by Chapter 6.95 of the CA Hosure Statement and the Annual Repors is in which your disclosure requires upking one of the following boxes and signing, to the Santa Fe Springs Fire Depart	rting Fee is required the property of the prop	ed. The check iance. Also, in mpleted white	idicate your faciliti copy, payment, and	es current status by any other additional
Provi	iding inaccurate information or failure 5 \$2,000.00 for each day of violation.	to comply with t	the provisions	of Chapter 6.95 n	nay result in fines of
Diag	se check and sign the item which appli	ies to your busine	ss.		
\sim	Our business has had no changes of	modifications to	the current Ha	zardous Materials	_
\mathbf{X}	Disclosure Statement on file with you	r office.	C_1	Can/	2290
71		-	Signature	e of Owner or Operato	Date Date
	Our business has made modifications The Santa Fe Springs Fire Departmen	to our Hazardou nt will be notified	within thirty u	ays of these charge	FCEIAED
		-	Signatur	e of Owner or Operate	EC 3 I 1930 Date
FAC	CILITY STATUS			1	EVEN LABEL
KY KIOOO!	Hazardous Materials Disclosure Sta Facility plot plan was not submitted Business Emergency Plan was not Hazardous Material Inventory sheet Annual Fee: Number of Chemical/Fee	or was inadequ submitted or wa was not submit	ate. s insufficient.	adequate.	EE REQUIRED BY:
	Volume of Chemical/Fee				04/91
	Surcharge (22.00%)	*3	33.00	A 50% PENAL	TY WILL BE FORM AND FEE
	Late Penalty (50%)			NOT RECEIVE	
	Amount Received			02/	04/91
	Total Due		33.00	ware business has	dedicated to complying
The swith	Santa Fe Springs Fire Department greatly these regulations and if we can be of any	assistance please	COMIRCE THE CI	vironmental Protection	on Division of this office.
100		FOR DEPARTMENT	USE ONLY		<u> </u>
FE		CHECK NUMBER	442	(6 <u>8</u> -01	REMARKS
SL	Thornat Car	DATED	100	3.	

TOTAL PAID PENALTY

SANT: FE SPRINGS FIRE DEPART? ENT WIRONMENTAL PROTECTION DIVISION 11300 GHEENSTONE AVE., SANTA FE SPRINGS, SA 90670 (213) 944-9713

ME MANUE MATERIALE DE LEGIBLE PER ROUN MINISTATE E AND SE PORTING PE CUINEMENT

TO: STEV11926BURI		RTINE	CEIVED	1990 FOR	FACILITY LOCATED A
P.O. BOX 366	В		18 - 1990	10 3 7 12 21	Elan
SANTA FE SPR	INGS, CA 90670		EN LAREL		1-)[*(0
	10 Te 10 Pe 11 Pe	TO SIGNE	E YOUR FEE	ent and the second	
				slace the appropriate	e fee on LINE A
FIRST, find the numb	er of chemicals you have tal volume of material d	se Which musi	lace the appropriat	e fee on LINE B	
SECOND, find the to	rcharge percentage to s	um of line A a	and line B and place	calculated amount	on LINE C
THIRD, apply the sui	rcharge percentage to s A, B, and C and report t	he sum as the	TOTAL PAYMENT	DUE	
Last year you were	NUMBER OF CHE		FEE		ULATED FEE DUE
in this category	NUMBER OF CHE	MICALS			
***			250.0 450.0	Chemicals	250.00
xx	0 - 250,000 1,000,001 +	allons	0.0 800.	Volume of Chemicals	
	SURCHARGE PER			Surcharge %	22%
				of A + B LINE C	# 55
A 50% penalty will be ass for all payments not receive	sessed ved by 02/15/9	, тот	TAL PAYMENT D	OUE >\$	305.00
			THE REPORT OF THE PROPERTY OF	ke checks payable to t	he City of Santa Fe Springs
rassille	ETHOND .	HEROPHIA	REQUI REMENTS	and the second	
The	California Health and Safet checked boxes below indica	y Code requires	that files be updated a	annually.	r payment.
The	checked boxes below indica	ate which update			
XX Updetex invertor	፟ ፟ጜ፠፠፠፠፠፠፠፠፠፠፠፠፠፠፠፠፠፠፠፠፠፠፠፠፠፠፠፠፠፠፠፠፠፠፠	ኢት አ ኤኤኤኤኤኤ	አሪጵያሪ ሪያ	New inventor	y rorm. ATAULED
Undated business	s plan (including chemicals, co	ontact persons, plo	ot plans etc.) or a letter	certifying that the existing	ng information is correct.
1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	(Risk Management and Prev				
 	Hisk Management and Frey			ms obsolete.	
OTHER: Change	s in State law	Make all	previous for	MM 00201014.	

Resubmit inventories on attached forms.

SANT FE SPRINGS FIRE DEPARTMENT VIRONMENTAL PROTECTION DIVISION

11300 GREENSTONE AVE., SANTA FE SPRINGS, CA 90670 (213) 944-9713

Paragus Material Stoken (oburetrocesa) NUAL FEE AND REPORTING REQUIREME

TO: STEV11926BURK FOR FACILITY LOCATED AT:

BURKE ST 11926

STEVEN LABEL CORP P.O. BOX 3688 SANTA FE SPRINGS, CA 90670

100	dies	e Barrie	unio de	d Del	

TO FIGURE YOUR FEE

FIRST, find the number of chemicals you have which must be disclosed and place the appropriate fee on LINE A

SECOND, find the total volume of material disclosed and place the appropriate fee on LINE B

THIRD, apply the surcharge percentage to sum of line A and line B and place calculated amount on LINE C

FOURTH, add lines A, B, and C and report the sum as the TOTAL PAYMENT DUE

Last year you were	NUMBER OF CHEMICALS	FEE	CALCL	JLATED FEE DUE
in this category	5-8 19-42	155.00	Number of Chemicals LINE A	75-
	13 + VOLUME OF CHEMICALS 0 - 250,000 gallons 250,001 + 000,000 gallons 1,000,001 + gallons	0.00 0.00 400.00	Volume of Chemicals LINE B	D
	1,000,001 + gallons SURCHARGE PERCENTAGE		Surcharge % of A + B LINE C	22X 1650
A 50% penalty will be as for all payments not rece	ssessed ived by 02/01/89	TOTAL PAYMENT DUE	s s	9/9 e City of Santa Fe Spring

REPORTING REQUIREMENT

The California Health and Safety Code requires that files be updated annually.

The checked boxes below indicate which updated information you must submit along with your payment of the checked boxes below indicate which updated information you must submit along with your payment of the checked boxes below indicate which updated information you must submit along with your payment. Updated inventory form or letter certifying that no changes have been made.

Updated business plan (including chemicals, contact persons, plot plans etc.) or a letter certifying that the existing infor

Updated RMPP (Risk Management and Prevention Program) or certified evidence that the existing RMPP is sufficient.

OTHER:

1989 REPORTING YEAR

SANT - FE'SPRINGS FIRE DEPARTMENT VIRONMENTAL PROTECTION DIVISION 11300 GREENSTONE AVE., SANTA FE SPRINGS, CA 90870 (213) 944-9713

TO:

STEV11926BURK STEVEN LABEL CORP P.O. BOX 3688 90670 SANTA FE SPRINGS, CA

FOR FACILITY LOCATED AT:

CALCULATED FEE DUE

BURKE ST 11926 Pd. 175-+ 38.50= 213.50 CD# 37650 3-21-88

TO FIGURE YOUR FEE

FIRST, find the number of chemicals you have which must be disclosed and place the appropriate fee on LINE A SECOND, find the total volume of material disclosed and place the appropriate fee on LINE B

THIRD, apply the surcharge percentage to sum of line A and line B and place calculated amount on LINE C

FOURTH, add lines A, B, and C and report the sum as the TOTAL PAYMENT DUE

Last year you were in this category	NUMBER OF CHEMICALS	FEE	CALC	ULATED FEE DUE
III III Caego y	5-8 5-12 13 +	15.00 125.00 (75.00 225.00	Number of Chemicals	17500
XX	VOLUME OF CHEMICALS 0 - 250,000 gallons	0.00 200 400.00	Volume of Chemicals LINE B	0
	1,000,001 + galons SURCHARGE PERCENTAGE		Surcharge % of A + B LINE C —	22× 385
A 50% penalty will be a for all payments not rece	asessed 03/31/88	TOTAL PAYMENT DUE	\$ necks payable to t	he City of Santa Fe Springs
The	REPORT	TING RECOURSEMPNIES uires that files be updated annu-	ally. mit along with you	r payment.

The checked boxes below indicate which updated information you must submit along with your payment.

pdated inventory form or letter certifying that no changes have been made. NONE RECEIVED

Updated business plan (including chemicals, contact persons, plot plans etc.) or a letter certifying that the existing information is correct.

Updated RMPP (Risk Management and Prevention Program) or certified evidence that the existing RMPP is sufficient.

OTHER:

REPORTING YEAR 1988

UNIFIED PROGRAM CONSOLIDATED FORM

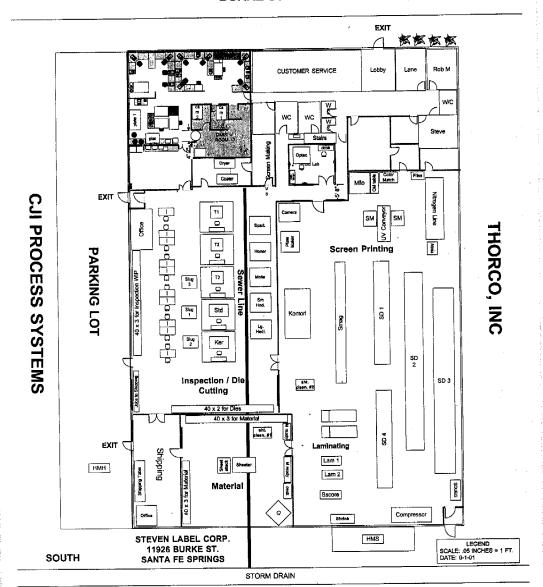
		. [BUSINES	S AC	TIVITIE	S					
										Pa	ige 1 of
	,	ļ.	FACILITY	IDENT	IFICATI	ON 1	ED^	10.4.4	Hazardous W	onte Onte)	2
FACILITY ID# 1 9	0 4	19					ŀ	ID # (I	nazardous vvi	aste Only)	
BUSINESS NAME (Same as F	cility Name o	f DBA-Doing	Business As)	3	BUSINE					-	103
STEVEN LABO		119.	26	<u> ცი</u>	$N_{\mathcal{P}}$	<u>f</u> ST	•				
		11.	ACTIVITI	ES DEC	LARAT	ION					
NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page.											
	es your faci	lity,			If Y	es, ple	ase co		e these pag		ckage
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 707						□ NO) 4	INVE (com the e ✓ Co PLAI	AZARDOUS N NTORY - Ch plete this fom xempt amour DNSOLIDATE N TE MAP	HEMICAL DES in for every ma its listed to the	aterial over e left)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate USTs? (If yes, complete forms under 4 above.)						☑ NC	5		ST FACILITY ST TANK (ON	IE PAGE PEF	R TANK)
2. Intend to upgrade existing	Intend to upgrade existing or install new USTs?						6	√ U	ST APPLICAT	TION PACKA	GE
3. Need to report closing a					☐ YES	☐ NC	7	✓ UST CLOSURE APPLICATION PKG ✓ No form is required at this time, however,			
C. ABOVE GROUND PETF Own or operate ASTs at	OLEUM ST	ORAGE TA	NKS (ASTs)	ì		_			r answered y	es, prepare a	and maintain
any tank capacity is g					YES	Z NC	8 (a Cour	Spiil Prev itermeasure		ntrol and to address
the total capacity for the	ne facility is gr	eater than 1,3	320 gallons?						oills and relea facility.	ases from the	APST(s) at
D. HAZARDOUS WASTE											-
Generate hazardous wa	ste?				₫ YES	□ NC	9	✓ HAZ. WASTE GENERATOR FORM ✓ CONSOLIDATED CONTINGENCY PLAN			
Recycle onsite more that arecyclable materials (per			d or exempte	d	☐ YES	Ø NC	10	✓ RECYCLABLE MATERIALS REPORT			
3. Treat hazardous waste	on site?				☐ YES	☑ NC	11	✓ ONSITE HAZARDOUS WASTE TREATMENT - FACILITY ✓ ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit)			TE
Treatment subject to f Rule and Conditional Ar		rance require	ments (for Pe	ermit by	☐ YES	ZZ NC	12		ERTIFICATIO URANCE	N OF FINAN	CIAL
Consolidate hazardous		ed at a remoi	te site?		☐ YES	NO NO	13		EMOTE WAS		
Need to report the closu hazardous waste and closu			as classified a	S	□YES	E NO	14	√ H/	AZARDOUS V		
E1. REGULATED SUBSTA											
Have Regulated Substances ((EHS) stored on site at gr established by the California Ai	eater than ti cidental Rele	he threshold ase Program	i planning q	stances uantities	□YES	Ø NO	15a	requi	dition to Haza rements, com egulated Subs sk Manageme	nplete: stance Regist	ration
E2. INDUSTRIAL WASTE/F	RELEASE RE	PORT						1 4 -		A 5. 4	Santa and Pro-
Discharge any liquid was other than domestic waste	te into the pu water from re	ublic sewer s strooms?	ystem or stor	m drain	E YES	□ NO	15b	Depa perm	Contact the artment at (56 at requirement	(2) 944-9713 ((ts.	to determine
b. Are you aware of any contamination or hazardous waste releases at your facility? Department at Preliminary Ren						artment at (56	32) 944-9713	regarding a			
OFFICIAL USE ONLY	UP Form	HW	НМ	ARP	AS	Г	UST		ΤÞ	CUPA	PA

1

UNIFIED PROGRAM CONSOLIDATED FORM BUSINESS OWNER/OPERATOR IDENTIFICATIO

BUSINESS OWNER/OPERATOR IDENTIFICATION								
□ NEW BUSINESS □ OUT OF BUSINESS □ REVISE/UPDAT	E (EFFECTIVE / /						P/	AGE OF
	I. ID	ENTIF	ICATIO	N				
FACILITY ID# 1 9 0 4	9		1	BEGINNING			IG DATE	101
BUSINESS NAME STENEN LAGEL	- LORP.			3	BUSINESS	PHONE (56	2)698	9971 102
BUSINESS SITE ADDRESS 11926 130	RUE ST.				_			103
CITY SANTA FE SPRINGS				104 CA	ZIP CODE	906	70	105
DUN & BRADSTREET 02-660-5	5673			106	SIC CODE (4 digit #)	2777	107
COUNTY LOS ANGELES 108 UNINCORPORATED 108 No						lo 133a.		
BUSINESS OPERATOR NAME LANK MESTINGS 109 BUSINESS OPERATOR PHONE X 102 110								102 110
II. BUSINESS OWNER								
OWNER NAME STEVE STONE	ا د	11 0\	NNER P	ONE	4) 846	-464	4	112
OWNER MAILING ADDRESS 3401 VE	MTURE Y	DR)	VE.					113
CITY HUNTINGTON BERCH	1	14 ST	TATE (-A	11	5 ZIP COE	E9264	19 116
III. ENVIRONMENTAL CONTACT								
CONTACT NAME LANE WEST	<u>in 5</u> 1	17 Ç0	ONTACT	PHONE (562)69	8-99-	$u(\mathbf{x})$	102)118
CONTACT MAILING ADDRESS 11926	JURKE S	>Ţ.						119
CITY SANTA FE SPRIN	65 1	20 ST	TATE	<u>CA</u>	12	1 ZIP COD	E906	10 122
-PRIMARY-	IV. EMERGE	ENCY	CONT	ACTS		-SE	CONDAR	Υ-
NAME LANK METHINS	12	23 NJ	AME 1	KEM	KLEIN			128
TITLE UP OF OFRATION	NS "	24 TI	TLE C	DRECTO	R 05- 1	منكلمة	KRIM	(S 129
BUSINESS PHONE (562) 698-99-	1 (X 102) "	25 B(JSINESS	PHONE (5	62)698	8-9971	<u>(X 1</u> 3	130
24-HOUR PHONE SAME	12	26 24	-HOUR F	PHONE S	AME			131
PAGER#	12	27 P/	AGER#					132
V. ADDI	TIONAL LOCA	LLY	OLLE	CTED INFO	RMATION			
DESCRIPTION OF BUSINESS LAGEL	PRINTER							1336
	MAILING/ B	ILLIN	G INFO	RMATION				
ADDRESS (ODX 3688		Sput		1115 had				70670 ¹³³⁰
Certification: Based on my inquiry of those individe examined and am familiar with the information sul	omitted and believe	the info	ing the in	s true, accura	te, and comple	te.		1
SIGNATURE OF OWNER/OPERATOR OR DESIGNATE	D REPRESENTATIV	Ē	DATI	: -19-01	11.	DOCUMENT		135
NAME OF SIGNER (print)	wc	13		E OF SIGNER	1 CANK	W (S)	KNIS	137
PAME M'CINAIS VP OF OPERATIONS								
OFFICIAL USE ONLY UP Form HV	v нм	Al	₹P	AST	UST	TP	CUPA	PA
INSPECTOR DISTRICT	DATE OF INSP.	•	DIVISIO	ON	BATTALIC	N	STATION	

BURKE STREET



	HAZARDOUS	UNIFIEI MATER	D PROGRAI	M CONSOL ENTORY	-IDATE - CHE	D FORM MICAL	. DESC	RIPTIC	ON	erial per building o	r gree\
						ING YEAR		(one pag	e per mate	erial per building o Page of	J. (18)
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BUSINESS NAME (O	same as FACILITY NAM	IE or DRA -			N						3
STENE	M LABEL	<u>Z 600.</u>			201	T-00=	ALLOGG	"(Ob) Oc.	FIDE	TIAL	202
CHEMICAL LOCATION		_				(EPCRA		☐ YES	Ø NC	0	202
FACILITY ID# 1	F-8508	9			1 MAP#	(optional)	203	GRID#	(optional))	204
			II. CHEMIC	AL INFOR							
CHEMICAL NAME					205		SECRET		Yes	Ŭ No	206
SOLVENT S	BASED SCRE	M PRIN	oting ind	C SEL A	450 <u>5 A</u>	HT ACHE!	2) If Subjec	t to EPCRA, r	refer to inst		208
COMMON NAME	PIN RUFFEH	INK	1400		207		s "Yes" all			nust be in lbs.	1.
FIRE CODE HAZARI	SOS SHEET D CLASSES (Complete if r	ATAC required by CUP									210
HAZARDOUS MATERIA TYPE (Check one item of	AL _	MIXTURE		E 211	RADIOAC	TIVE DY	35 LBNo	212	CURIE	ES	213
PHYSICAL STATE (Check one item only)		LIQUID	□ ¢. GAS	214	LARGES1	T CONTAINE	R 6	SALLON	<u> </u>		215
(Check one item only) 2 sOLID Light. LIGHDID 1 sOLID Light. LIGHDID 2 solid Light. LIGHDID											
AVERAGE DAILY AMO			DAILY AMOUNT	218		WASTE AMO	TNUC	219 ST	TATE WA	ASTE CODE	220
A TERA GE	- /		SITE =	441	<u> </u>	Yous		4	1814	<u> </u>	4
UNITS*	Za. GALLONS	□b. CUBIC	C FEET C		d. TONS		2	DAY:	S ON SI	ITE:	222
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	STEEL DRUM	h. SILC			L CYLI		p. TAN	VIAGUN			223
STORAGE PRESSUR			b. ABOVE AMBIE		c. BELOW			RYOGENIC			224
STORAGE TEMPERAT	TURE 1276 AMBIEN					EHS		- Jane		AS#	
116.9 (226		/15/14	,) Yes (E/N		900	4 J S	-19-1	229
20,000 (230	ESTER	<u> </u>	E]Yes [2 1Ñ	_	70	1 8-	-94-1	233
3 10 234	O.C.A.		YUNF.			Yes 🗹 🕅		Min	<u>~~</u>	(/)	237
4 /4 / 238	CIIII	ESTEC NO	HTHA.	ARIM.	239		No 240	1241	1 <i>U1</i>	-94. C	— ₂₄₁
5 1 11 242	LOCAL	141/ - 1 O		TIM/7.]Yes [⊈K	$\overline{}$	1/1	<u>````</u> 58-	91-1-	245
If more hazardous compo	Onente are present at greater	than 1% by we	right if non-carcino	genic, or 0.1% by	-			in a phents of	paper cap	turing the requir	
information.	USED (stored, welding										246
USED A	USEO AS A PRINTING INK										
If EPCRA, Please Sign Here (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)								nical.)			
OFFICIAL USE ONLY DATE RECEIVED REVIEWED BY											
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<u></u>		UNIT D PRO	SRAM CONSOLI	ATED FORM	-	DTION		
	HAZARDOUS		INVENTORY -	CHEMICAL	. DESCRI	one page per material		
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I. FACILITY INFORMATION BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3								
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CHEMICAL LOCATION	in Burkk :	خ۲		(EPCRA)	YES NO		
FACILITY ID# 1	9 0 4	9		MAP# (optional)	203	GRID# (optional)	204	
II. CHEMICAL INFORMATION								
CHEMICAL NAME	SER.65 1	J.V. CJRAI	HE INK	205 TRADE	SECRET If Subject to E	Yes PCRA, refer to instructs	No 206	
COMMON NAME	UV THK	J. 1 5. VI	-	²⁰⁷ EHS*		☐ Yes 🗹	No ²⁰⁸	
	Sclan			209 "If EHS I	s "Yes", all am	ounts below must	be in lbs.	
	O CLASSES (Complete if	required by CUPA)					213	
HAZARDOUS MATERIA TYPE (Check one item of		Œ6. MIXTURE □ c. 1	WASTE 211 RA	DIOACTIVE TY	s ΄o	212 CURIES		
PHYSICAL STATE (Check one item only)	a. SOLID	⊑ 6. Liquid □ e.	GAS 214 LA	RGEST CONTAINE	r (_	Allon	215	
FED HAZARD CATEGO (Check all that apply)	RIES FIRE	□ b. REACTIVE □ c	PRESSURE RELEASE	d. ACUTE HE	ALTH e. CI	HRONIC HEALTH	216	
AVERAGE DAILY AMO	UNT 217	MAXIMUM DAILY AMO	OUNT 218 AN	INUAL WASTE AMO	DUNT 219	9 STATE WASTE	CODE 220	
AUE. STO		SITE =		OM S	221	DAYS ON SITE:	9344	
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	UNDERGROUND TANK TANK INSIDE BUILDING	☑ f. CAN ☐ g. CARBOY		. BAĞ I. BOX	O. TOTE BI		Jillek	
	STEEL DRUM	☐ h. SILO		CYLINDER	□ p. TANK W	AGON	223	
STORAGE PRESSURE	Da AMBIEN	IT D. ABOVE	AMBIENT 🗀 c. B	ELOW AMBIENT			224	
STORAGE TEMPERAT	URE (a. AMBIEN	T D. ABOVE	AMBIÉNT □ c. B	ELOW AMBIENT	d. CRYO	GENIC	225	
%WT	HAZARDOUS CO	MPONENT (For m	ixture or waste only)	EHS		CAS	#	
120-5528	ACRILATI	eo Olica	MECS "	27 ☐ Yes ☐ N	0 228	ROPRIETA	RY 229	
2/2-25 230	N-VMY	-2- Pyrr	stidone 2	1 □Yes 🗗 Ñ	0 232	88-12	233	
3 8-20 234	ACRYLA	TEO MON	10MERS 2	os ☐ Yes ☐ Ñ	o 236	rolriet	ARy 237	
4 238			25	39 □Yes □ N	0 240		241	
5 242			24				245	
If more hazardous compo	ments are present at greater	than 1% by weight if non-c	arcinogenic, or 0.1% by weig	ght if carcinogenia, at	tech additional she	ets of paper capturin		
	USED (stored, welding	` ^					246	
USED	AS A	PRINTING	> INK					
If EPCRA, Please Sign Here (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)								
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PAGE (1) 0- 3

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION PREVISE Page **DELETE** REPORTING YEAR of I. FACILITY INFORMATION BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3 CHEMICAL LOCATION ትርንቶ (CHEMICAL LOCATION CONFIDENTIAL 202 YES TO NO (EPCRA) 11926 MAP# (optional) GRID# (optional) 204 FACILITY ID # 9 Ω 9 Fire Dept use only II. CHEMICAL INFORMATION Yes PNo CHEMICAL NAME TRADE SECRET 206 If Subject to EPCRA, refer to instructions COMMON NAME 207 EHS* Yes Dino 208 "If EHS is "Yes", all amounts below must be in ibs. FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 213 HAZARDOUS MATERIAL RADIOACTIVE TYES TO CURIES 212 C WASTE TYPE (Check one item only) ☐ a. PURE ☐b. MIXTURE 215 PHYSICAL STATE LARGEST CONTAINER □ a SOLID IM LIQUID C. GAS (Check one item only) 215 FED HAZARD CATEGORIES a. FIRE □ b. REACTIVE □ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH (Check all that apply) AVERAGE DAILY AMOUNT MAXIMUM DAILY AMOUNT ANNUAL WASTE AMOUNT 220 40 DAYS ON SITE UNITS* Fa. GALLONS □b. CUBIC FEET C. POUNDS If EHS, amount must be in pounds. (Check one item only) STORAGE CONTAINER □ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR D b. UNDERGROUND TANK f. CAN □ J. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER C EANK INSIDE BUILDING a. CARBOY L k. BOX □ o. TOTE BIN d. STEEL DRUM h. SILO ☐ I. CYLINDER ☐ p. TANK WAGON 223 T a. AMBIENT STORAGE PRESSURE □ b. ABOVE AMBIENT C. BELOW AMBIENT 224 AMBIENT STORAGE TEMPERATURE T b. ABOVE AMBIENT C. BELOW AMBIENT □ d. CRYOGENIC 225 %WT HAZARDOUS COMPONENT (For mixture or waste only) **EHS** CAS# ☐ Yes 四No 15-25 226 227 とらたくへ ☐Yes ☐No 231 232 233 ☐ Yes ☑ No 235 236 237 0 □Yes ☑ No 239 241 **⊟**No □Yes 245 nic, or 0.1% by weight if carcinogenic, attach a Health Fire Reactivity Specific hazard How is material used? (stored, welding, lubricant, etc.) NFPA 704 Hazard Identification System If EPCRA, Please Sign Here (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.) OFFICIAL USE ONLY DATE RECEIVED REVIEWED BY DISTRICT STA OTHER CUPA PΔ SFSFD UP FORM (1-16-01 Version) 04_cd

THE CUPAS OF LOS ANGELES COUNTY

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			l. FAC	ILITY INFOR	MATION					
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FACILITY ID # Fire Dept use only	1 9	4 9			1 MAP# (c)	phonal)	203 GRI	D# (optional)		20
			II. CHEM	IICAL INFO	RMATION					
CHEMICAL NAME	(M-H)	EP7/1	ACETATE	.)		TRADE SEC	RET Subject to EPCR	Yes		200
COMMON NAME	- PCA-	TE MAI	KING W	A STE	207	EHS*		☐ Yes		208
CAS#	D 01 10000				209 *	If EHS is "Ye	es", all amoun	ts below m		
FIRE CODE HAZAR		emplete if required b	oy CUPA)							210
HAZARDOUS MATER TYPE (Check one item	only) 🔲 a. P	URE DE MIX	TURE GC. WA	STE 211	RADIOACTIV	E □Yes Œ	No 212	CURIE	s	213
PHYSICAL STATE (Check one item only) FED HAZARD CATEG	D a. !	SOLID 🖶 LIC	DUID 🗆 c. GA	S 214	LARGEST CO	INTAINER	556	AL C	RUM	215
(Check all that apply)			ACTIVE C. PR		SE 🗖 d. AC	UTE HEALTH	e. CHRO	NIC HEALT	н	216
AVERAGE DAILY AMO	-AC.	217 MAXIM	DAILY AMOUN	IT 218	ANNUAL WAS	TE AMOUNT	I .	TATE WAS	TE CODE	220
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2 d.	STEEL DRUM	D.h.	SILO		L CYLINDER		TANK WAGON			223
STORAGE PRESSURE	E E a A	MBIENT	☐ b. ABOVE AME	JIENT 🗆 c	BELOW AMBI	ENT				224
STORAGE TEMPERAT	URE 🖽 a A	MBIENT	□ b. ABOVE AME	BIENT C	BELOW AMB	ENT []	. CRYOGENIC	;		225
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1 /00 225	M-HE	PTYL_	ACETA	TK_	227 🔲 Yes	<u>⇔</u> √0 2	228			229
2 230					231	□ No 2	232			233
3 234					235 Yes	□ No 2	36			237
1 238					239 □Yes	□ No 2	40	-		241
5 242					243		44			245
more hazardous compon formation.	ents are present at g	reater than 1% by	weight if non-carcino	genic, or 0.1% by we	eight if carcinoge	nic, attach addi	tional sheets of p	aper capturin	g the required	đ
NFPA Hazard Id	704 dentification	Health	Fire	Reactivity	Specific	hazard	How is mate welding, lubi			247
System EPCRA, Please Signary Facilities reporting Cr	n Here nemicals subject	to EPCRA rep	porting thresholds	must sign each	Chemical Des	scription pag	e for each Ef	PCRA repo	rted chemic	cai.)
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D HAZARD Co		IES FIRE C	b. REACTIVE [] c.	PRESSURE RELEAS	E	UTE HEALTH	e. CHR	ONIC HEALTH	
VERAGE DAIL			MAXIMUM DAILY AMO	UNT 218	ANNUAL WA	STE AMOUNT	219	STATE WASTE CODE	E 22
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1 3 0 2 / 0 3 / 0 4 5 If more hazardou information. HOW IS MAT	D. UU C. T. SESSURE SESSURE 226 230 234 238 242 238 242 25 Composition C. C	NOERGROUND TANK ANK INSIDE BUILDING STEEL DRUM (F. AMBIENT HAZARDOUS COI ETHYLENE C ETHYLENE C ETHYLENE C TOTAL STEEL CONTROL OF COINTER WESTER CONTROL WESTER CONTROL GIVENTIA	T. CAN G. CARBOY D. SILO T D. ABOVE T D. ABOVE MPONENT (For mi	AMBIENT CAMBIENT CAMB	J, BAG J, BOG J, BOT BELOW AM BELOW AM BELOW AM JY Z27	BIENT EHS SUNO	PLASTIC BC TOTE BIN TANK WAG	ON CAS # 1-15-9 1-76-2 1-16-2	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2

	ZARDOUS MAT	ERIALS INVE	NTORY - (HE	MICAL [ESCF	RIPTIC	ON CHARGE	al per building or	area)
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ADD			Y INFORMAT	ION						3
CINESS NAME (Sam	as FACILITY NAME or I	DBA - Doing Busines	s As)							3
こくたりたみ	LABEL (D	<u>el</u>		201	CHEMICAL	LOCATI	ON CON	FIDENTI	AL.	202
EMICAL LOCATION					(EPCRA)] YES	₽ NO		
11926 1	SURIKE ST.		T T 1	MAP#	optional)	203	GRID#	(optional)		204
CILITY ID# 1	9 0 4 9									
		II. CHEMIC	AL INFORMA	TION						206
EMICAL NAME				205	TRADE SE				⊡ *No	206
IEMICAL MAINE	CS SCREE	4 WASH	AG_	207		If Subject		efer to instru	ZNo	208
MMON NAME 5	REEN WASH -	up soluti	<u>0M</u>	209	EHS*	Yes" all			ust be in lbs.	
\S#					II Englis	103.00				210
RE CODE HAZARD C	LASSES (Complete if required	TBY CUPAI					212	CURIE	c	213
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		<i></i>	214 LAI	RGEST	CONTAINER	46/8D	7	GAK		214
YSICAL STATE heck one item only)	🗆 a. SOLID 🖽 L	IQUID C. GAS	214 04							210
D HAZARD CATEGORI	ES Da FIRE Do	REACTIVE C C PRES	SSURE RELEASE	□ d.	ACUTE HEAL	тн 🗆 е	CHRON	IC HEAL	тн	
heck all that apply)	_	IMUM DAILY AMOUNT	21B AN	NUAL \	VASTÉ AMOL	INT	219 S	TATE WA	STE CODE	22
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<u> 5 GA(_</u>						22	DAY	S ON SI	TE:	22
NITS*	☐a. GALLONS ☐b	. CUBIC FEET C.	POUNDS d. T	ONS						
□ b. UN □ c. TA	DERGROUND TANK] e. PLASTIC/NONMET/] f. CAN] g. CARBOY] h. SILO		BAG BOX	0	m. GLAS n. PLAS n. TOT n. TOT	E BIN	TLE []	r. OTHER	22
TORAGE PRESSURE	a AMBIENT	☐ b. ABOVE AMBI	ENT 🗆 c. 8	ELOW	AMBIENT					2:
	RE TA AMBIENT	□ b. ABOVE AMB	IENT C. E	ELOW	AMBIENT	d. CF	RYOGEN	C		27
%WT	HAZARDOUS COMPO				EHS			C	AS#	
1 / 1 226	MARHTAL			- 1	Yes 🗗 No	228	RE	<u>G.</u>	<u> 40. </u>	2:
2 230	MACHINE	701	2	31 []Yes □ No	232				2:
3 234			2	35	Yes 🗆 No	236				
4 238				239 []Yes □ N	240		<u>.</u> _		
5 242]Yes □N					1
ff more hazardous compor	ents are present at greater than	1% by weight If non-carcin	nogenic, or 0.1% by we	ight if c	ercinogenic, att	ach addition	al sheets o	or paper cap	brnund tue tedn	eres
Information.	JSED (stored, welding, lu	bricant, etc.)								
	wKSH-		ibm							
				Chem	ical Descrip	tion page	for each	EPCRA	reported ch	emica
1										
OFFICIAL USE ON	.Y	DATE RECEIVE	D		F	REVIEWS	D BY		I	

PART FOR INDUSTRIAL WASTEWATER DISCH, GE COUNT SANITATION DISTRICTS OF LOS ANGELES DUNTY 1955 Workman Mill Road / Whittler, CA Mailing Address: PC. Box 4998 / Whittler, California 90607-4998 Charles W. Carry, Chief Engineer and General Manager (213) 699-7411 TO CHECK ONE: New Sewer Connection Existing Sewer Connection

PERMIT NO.

13290

(Continued on next page)

STREET CHE. New Sewer Commection Existing Sewer	Connection (2)	
OZ Applicant STEVEN LABEL CORP.	el Company Name)	
	a company runny	•
I	BFL.	
Year Incorporated 1954	State of Incorporation	10, 95-204913
☐ Partnership Name	Partners	
☐ Sole Proprietor Name		
Company Address 11926 BRKE ST. SANTA	FR SRINGS CA.	90670
os Mailing Address R.O. BAX 3688, SANTA	FE SPRINGS CA.	90670
* Point of Discharge SACOLE CONNECTION TO CIT	Y OF SANTA FE ERRINGS	(Zip)
or Number of years applicant has been in business at present	location 15	G GD-VA
Mame of Property Owner Sim STEVEN CARY	(yrs) (months)	
Address of Property Owner 3405 610 BRANK		154
A	(Zip)	(Telephone Number)
Assessors Map Book No. Y/08 Page No.		012
Type of Industry LASEL MANUFACTUR (General Description)	27.51 (Federal	S(C No.)
" Number of Employees (Full Time)	(Part Time)	
12 Raw Materials Used 1 NKS - FLFX C RUTACU General Description — Add Additional Sheets as	MAD SILKSCREEN WA	TER BASE
	SCREEN I GAL ELEYT	/2 Promos RITTARL
Products Produced (Seneral Description — Add Additional Sheets as	ls, famels overlings	(Deily Amount Used)
VARIOUS	•	(Daily Amount Produced)
* Wastewater Producing Operations PHOTOGRAPIC	LAB, SCREEN WASHIN	Ca, WATER WASH
(Full Description - Add Addl	itional Sheets as Macroci)	
	Days per Week (LIVE Circle Days)	
Wastewater Flow Rate \$7.7 Gallone	s per Day 1.3	Gallons per Minute
(Awa:ada)	(Peak)	· '
7 Constituents of Wastewater Discharge WATER BASE FIXER AND DENELORE WATER WASH (I	ATR MATERIAL (LAD R	LS PHOTOCORAPHIC
Person in company responsible for industrial wastewater disc	charge	7
LANE MCGININIS DIR. OF CLER	RATIONS (310)6	98-9911
I affirm that all information furnished is true and correct and the back of this permit form.	osition) (To	elephone Number) le conditions stated on
Date 1-21 1993		
19 Signature for Applicant (Company Administrative Official) (Name)	mm. Director of	OLERATIONS
≫ Approved by City or County Official	Approved by Sanitation District	te of Lee Angelon County
Date MAY 15, 1993	Date 10-29-93	- Angeles County
For L.A. County Dept. of Public Works	Charles W. Carry, Chief Engi	neer & General Manager
City of Saura SE Spends	By Jan Kila	<u> </u>
Name J. W. Louttone	Position Supernison	Civil Engineer
Position FICE MASSIAN Note: Please submit application first to the applicable City or Coun Please contact the local agency for the required permit proce	nty agency in which the point of dischargesing fee.	arge is located.

		115		
Z 02811	SANITATION DISTR	RIAL WASTEWATER D ICTS OF LOS ANGELES an Mill Road / Whittier, G Roy 4998, Whittier, Calif	ornia 90607	5256R
**	WALTER E. GARRISO	ARCI CIBITATI TOTAL	I Mariager	
01	Santa Fe Sprin	gs , Calif.*	IO. DAY MR.III	
	RY* STEVEN LA	BEL CORP.		
*APPLICATION IS HEREBY MADE	Description of the second	(FIRM NAME) COS Santa Fe SI	rings CA	90670 €
os (Mailing Address) 11926	E. Burke Street	COS DATIVA TO DE	(SIAIEI	(ZIP)
(STREET) Tenant			G	of the property located at:
·	.)	(Cita) Conte Re Sor	ings (Zip) CA	90670
	Burke Street 111	1 PHODUCKIO MASCELLICE		
PRINT	8168Page	No.* 024 ERTY PRODUCING WASTEWATE	Parcel No.*	012ĸ
Assessors Map Book No.	(LEGAL ADDRESS OF PROP	ERTY PRODUCING WASTEWATE	R DISCHARGE)	ment at rear
Saddle Connect:	ion to City of Sant	A Fe Springs . 12	RAGE SYSTEM) Of Bui.	ldings
PRINT	water Discharge to the sewerage syst	em.		-
		4, 17	2751 (FEDERAL SIC NOS.)	
13 Type of Industry* Label 1	ENERAL DESCRIPTION		(FEDERAL SIC NOS.)	
Number of Employees /Full Tin	ne)*53	(Part Time)*	<u></u>	5
19 Multiper of Employees (1 or 1 in			oner and Film	1
21 Raw Materials Used* Pape	r, Plastic Films, A	ESCRIPTION - ADD ADDITION A	L SHEETS AS NEEDED)	
Products Produced Labe	ls, Nameplates, ark	d Decals on Paper	Film or Metal	
	Theterworkie Is	aboratory, Silk S	creen Process,	and
Wastewater Producing Operation				
Flexigraphic P	late Preparation.	- ADD ADDITIONAL SHEETS A	S NEEDED)	
31 Time of Discharge - * 8:0	O AM/PIK to 4:30 KM/PI	M, Days per Week*	() (T) (W) (Th) (F) Sa :	<u> </u>
* Wastewater Flow Rate*	22	00	AA (Gallons Per Day)	
Wastemater Flow Nate	charge Silver Bromid	e Developer Fixe	er and Detergent	:s
	· · · · · · · · · · · · · · · · · · ·	•		
	ENERAL DESCRIPTION - ATTACH	CHEMICAL ANALYSES RESUL	TS TO THIS APPLICATION)	
Mark Tonatte	on Not Available Fx or industrial wastewater discharge:	om City of Santa	Fe Springs	
		President	698-9	9971
James O. Ste	ven,	(POSITION)	(TELEPHO	NE NUMBER)
Laffirm that all information furni	shed is true and correct and that the	applicant will comply with the co	nditions stated on the back of	this permit form.
Tantan diatan monatan	70/-	11		
Date	—, 19_48 / S	Hills	Preside	nt
Signature for Applicant	111111 / 1	- Court	•	TION)
Approved by City or County Offi		Approved by Sani	tation Districts of Los Angele	s County
		Date Ma	W 23 19	19
Date	11.79 X I.No.	1725-1H	Chief Engineer and General	Manager
For Dept, of County Engineers		WALTER E. G	ARPASON	٠ ,
City of Santa Fe	Springs	/Xlk	esto C. Ke	مستعا
Name & Edin 6	ndson	ny <u>1 1 1 2</u>	In Full E	9-1-
Position SUDJ	CEIL	Position_V	ian CVM. C	7
	-			U

RETURN THIS COPY TO APPLICANT WHEN APPROVED

Note: A permit fee may be required by the local City or County Agency.

This form when properly signed shall be a valid permit unless suspended or revoked.

		22 8 11 11 021	PERMIT NO.
APPLICATION NO.		HNDUSTRY BOSCI BOSCI	FOEC.
© 36430	SANITATION DISTRICTS (WASTEWATER DISCLARGE DE LOS ANGELES COUNTY	3200
COUNTY SANITATION DISTRIC	7 2020 Beverly Bivd., L.	os Angeles, Calif. 90057	
OF LOS ANGELES COURTY	John D. Farknurst, Caler L	ngmeer and General Manager	I-1725-1
1955 WORKMAN MILL POAD P. O. DOX 4998 WHITTIER, CALIFORNIA 90607	LOS ANGELES	MO. DAY	/1976 YR.
*APPLICATION IS HEREBY MADE BY	BURKE SI	BEIL CORP.	
	EBURKE SI	COS PATAL FE SALVACOS	75 CA, 98670
07 TEANAL (OWNER, TENANT, ETC.)			G of the property located a
09 (Street) 11926EDUL	KI ST 111 (City)	SAN'IN TE SPRING	(Spip) (A, 406-10
PRINT		DUCING WASTEWATER DISCHARGE) Parcel	No * 012
Assessors Map Book No.	ILEGAL ADDRESS OF PROPERTY	PRODUCING WASTEWATER DISCHARGE)
PRINT	70 15" PUBLIC	SEWER IN 126 ER DISCHARGE TO SEWERAGE SYSTEM	A 12_
for a Permit for Industrial Wastewater	Discharge to the sewerage system.	EN BIBCINANCE TO SERVERINGE COST -	
13 Type of Industry* LABEC MAI	CETACITURING M, 17	275/	IC NOS)
	AAL DESCRIPTION)	(Part Time)* /	ic Nos.,
19 Number of Employees (Full Time)*_	<u> 50</u>		
21 Raw Materials Used* PANER, 12	ASTY FILMS APHESIVE	TION - ADD ADDITIONAL SHEETS AS A	S
Products Produced (APSE)	1	,	
			NEEDED)
Wastewater Producing Operations	PHOTOGRAPHY LAN	BORNTORY	
31 Time of Discharge -* 800	AM/PM to 4:30 AM/PM	Days per Week* (M) (T) (W)	E DAYS)
	AM/PM to 4 AM/PM,		
* Wastewater Flow Rate* 4/23	32		llons Per Day)
Constituents of Wastewaler Discharge	Silver Biemide,	DEVELOPER & FIXER	
ISENER	AL DESCRIPTION - ATTACH CHEMI	CAL ANALYSES RESULTS TO THIS APP	
Person in company responsible for indus	strial wastewater discharge:	Nou!	26A - 1ACA
41 CANIES C.	STEVEN	PRESIDENT LATE	12 G98-9991 B
PRINT (NAME)		t will comply with the conditions stated o	n the back of this permit form.
6 3/5	The sine correct and that the papiroun	THIN COMPTY WITH THE CONSTITUTION CONTRACTOR	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date Nov. (70)	. 19 // ()		
Signature for Applicant	ILLI (NAME)	ii	FS/DENT (POSITION)
Approved by City or County Official		Approved by Sanitation Districts o	f Los Angeles County
Date		Date Lec.	19
For Dept. of County Engineers	prings \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	John D. Parkhurst, Chief Engineer	and General Manager
Vame South 12 5	cinys 🛛 5-11	ov alhero C	. Reyes
a a constant of the constant o		Position PlanEva	d. Enar.
sition Angel C. E. II	the local City or County Agency.	r osition for the second	7
e. A perior ree may be required by	me mean only or county Agency.		

DUTTION THIS CODY TO A PRIVATE WHICH ADDITION

This form when properly signed shall be a valid permit unless suspended or revoked.